

Statement of Informed Consent

Cheri Watson, C.C.H., C.C.N.

I am a graduate of The Rocky Mountain Center of Botanical Studies and the North American Institute of Medical Herbalism in Boulder, Colorado. I am a Registered Herbalist with the American Herbalist Guild, certified clinical herbalist and certified clinical nutritionist with 1400 hours of herbal studies and 876 hours of clinical nutrition internship training. This education does not include the diagnosis and treatment of disease according to the standards of medical science. I am not licensed in any capacity in the State of Colorado, and my services do not replace those of a licensed physician.

Services provided by me are not intended to replace your relationship with your regular health care provider or to serve as your source of routine health care. I advise all clients who consult with me to seek the advice of a licensed health provider for any illness or persistent symptoms. I also strongly encourage you to maintain an ongoing relationship with a primary care physician of your choice. I will be happy to communicate and coordinate our activities with this person should you desire it. A referral list of such practitioners, including resources for people on low incomes, is available to you on request.

My consultations are educational in nature, intended to make you aware of the benefits of nutritional/diet & lifestyle changes, herbs and herbal formulas and flower essences and nutritional supplementation used to promote your general health & wellbeing. As a client, you take responsibility for the use of any supplements or herbs recommended.

I do ask that you purchase recommended herbal/nutraceutical through me.

Herbs can sometimes cause discomfort or side effects. I ask you to stop taking any suggested herbs immediately if such effects or discomfort occurs, and to notify me at 303-931-3353.

Any information discussed with me during consultations will be held in strict confidence. Exceptions to this are information regarding impending suicide, homicide, or child abuse.

If you are dissatisfied with my services or advice, I ask that you let me know so that I too may learn and grow from the experience. Please call at the above number, as your opinion is valuable to me.

Orders will be paid for at time of order and not returnable. Exception will be made on a case by case basis. A restocking fee of 20% will be charged for unopened supplements returned prior to listed expiration dates.

A fee of \$25 will be charged for missed appointments without a 24 hour notification.

I have read the above statements and agree to their terms.

Signature _____ Date _____