



# CLIENT CONSENT FORM

[HTTPS://FIVESTEPSTHREE.ORG](https://fivestepsthree.org) |  
224-622-5964 | [INFO@FIVESTEPSTHREE.ORG](mailto:INFO@FIVESTEPSTHREE.ORG)



---

## NATURE OF WORK PERFORMED BY PRACTITIONER:

---

I understand that my practitioner assesses my entire condition holistically and aims to facilitate my body's natural healing processes through the utilization of substances meticulously prepared in accordance with the principles of traditional homeopathic practices and the Homeopathic Pharmacopoeia of the United States. I acknowledge that my practitioner may also engage in discussions\consultation regarding alternative integrative therapies to enhance my well-being, and these approaches are within his professional scope of practice to the extent that he incorporates them. I concur that I am eager to enhance my bodies own capabilities to cultivate holistic health in both my mind and body. I acknowledge that my practitioner may also engage in discussions\consultation regarding my health with other qualified professionals of similar modalities.

---

## TRAINING AND CREDENTIALS OF THE PRACTITIONER:

---

I have reviewed the training and credentials of the practitioners listed below. I understand that my practitioner is **not** a medical doctor, has not presented himself as such, and does not seek to diagnose, treat, or prescribe for disease, disorder or other pathological conditions, and that he provides health consultation services.

Madhur Kumar is a Licensed Homeopath and a Certified Classical Homeopath and has graduated the Homeopathic Practitioners Program from AMCH – PIHMA.

---

## PROFESSIONAL CONDUCT AND CONSULTATION:

---

Practitioner agrees to honor confidentiality and assures professional conduct as defined by the Code of Ethics of the Council for Homeopathic Certification; The Client grants permission for my practitioner to discuss details of my health in conferral with colleagues and other practitioners with whom the practitioner consults and confidentially write about cases in medical journal without additional confidentiality waiver. This agreement becomes part of client's case records. Client agrees to consult a licensed physician for any medical concern that now exists or arises at any time during the term of this agreement, and to inform the practitioner of my physician's assessment in so far as it applies to my work with him.

I have read, understand & accept the terms of this agreement \_\_\_\_\_

---

**FEES AND POLICIES FOR CONSULTATION**

---

**Consultation Fees:**

Initial consult for individuals	\$ 150 per consult
Follow up consult for individuals	\$ 150 per consult
Weight Loss package-60 days : includes 20 hours of Machine time: 3 consults and associated medicine. Pls refer to the brochure for current details.	\$ 3000

Any additional supplements (herbs, gemmotherapy tinctures, cell salts, flower essences, medicines) are charged if provided by our office, or pharmacies can drop ship them.

---

**PAYMENT:**

---

A \$40 fee will be charged for any check returned to this office unpaid

The client is responsible for payment of all fees at time they schedule the appointment.

Payment may be made with Zelle, using the [KEANIE224@ICLOUD.COM](mailto:KEANIE224@ICLOUD.COM) or business email.

Our office does not file any forms for insurance or reimbursement

---

**HOMEOPATHICS:**

---

- Remedies may ship from homeopathic pharmacies.
- Typical processing: 24–48 hours.
- Delivery times vary; we cannot guarantee exact arrival dates.
- Overnight shipping available for \$25 + carrier fees.
- Pharmacy accounts may be created using your email to facilitate orders.

I have read, understand & accept the terms of this agreement.

Client Signature and Date: \_\_\_\_\_

---

**SCHEDULING AND CANCELLATIONS:**

---

- Appointments must be scheduled via our website.

- We understand plans can change; if you need to cancel or reschedule, please notify us at least 48 hours in advance.
- Late cancellations (less than 24 hours' notice) or missed appointments cannot usually be rebooked and may still incur charges.
- We send up to 4 text messages to update you about your appointments. By signing this document, you consent to receive messages such as: *"You opted in to receive updates from FiveStepsThree.org. Check appointment status or call +1-224-622-5964."*
- To opt out of text reminders, email our office and we will remove you from our messaging list.

---

## COMPLAINTS AND RECOURSE:

---

As with any of the healing professions, each client must have a mechanism of public recourse in the event that he or she feels that unethical or unprofessional interactions have taken place with the practitioner. For certified homeopaths, the mechanism of recourse is through the CHC.

**The following is a statement from the CHC:**

- Each CHC certificant represents the homeopathic profession in the eyes of the public and is expected to uphold the highest standards of professional conduct as described in the CHC Code of Professional Ethics and the Client/Patient Healthcare Rights.
- Following receipt of the letter, a member of the Standards and Ethics Committee informs the complainant in writing (through postal or email correspondence) within 10 business days that the complaint has been received and requests an interview to discuss the nature and veracity of the complaint.
- The Standards and Ethics Committee notifies all parties concerned, conducts interviews, and thoroughly investigates each complaint received.
- The letter should be mailed to: Council for Homeopathic Certification P.O. Box 73 Lewisville, AR 71845

---

## LIABILITY DISCLAIMER

---

I understand these services are not a substitute for licensed medical care. I agree to consult a licensed physician for any medical concerns. I release the practitioner from any liability for any outcomes resulting from choosing or declining recommended consultations.

I have read, understand & accept the terms of this agreement.

Client Signature and Date: \_\_\_\_\_