



Consultation Agreement

Consultation Fees:

- Initial Consultation (2 – 3 hours) & Two Follow up Consultations. \$500
- Three Follow-Up Consultation (30-60 minutes) \$300
- Acute Consultation (15-30 minutes daytime weekdays, M - Th) \$100
- (15-30 minutes, evenings & weekends, F - Su) \$125

These prices **do not** include homeopathic remedies, which must be purchased by clients at their own expense. Consultation rates **do** include call-in time support, and brief check-in calls as required to track remedy responses, at the homeopath’s discretion. Additional recommended supplements must be obtained independently by the Client from health food stores, holistic pharmacies, and online vendors.

General Policies Regarding Scheduling, Payment, and Client Support:

No-shows, or cancellations made less than 24 hours before the appointment, shall be billed at half the rate set for the appointment. Payment is expected prior to the time of the consult, paid through SQUARE.

If you have an emergency situation, seek appropriate medical care first!

For non-emergency, acute conditions, the best way to reach the homeopath is via email at blackbirdhomeopath@gmail.com. For acute or after hours, leave a text or voicemail at (585) 260-4965. Please note that unless a prior arrangement is made, the homeopath will not be reachable after 9PM or before 7AM, on most days.

Nature of Work Performed by Practitioner:

I understand that my practitioner evaluates my entire condition based on a holistic, homeopathic, approach, and seeks to assist me to stimulate my body's own healing mechanisms with the use of substances prepared according to the guidelines of the Homeopathic Pharmacopoeia of the United States (HPUS), as regulated by the FDA. The Practitioner will make a recommendation of a homeopathic remedy(s), NOT DISPENSE. The recommended remedy may be purchased, or not, by the client, at the client's discretion. I also understand that my practitioner may also discuss with me the use of other integrative therapeutics to improve my health, and that these are within his scope of practice to the extent that he incorporates them. I agree that I am interested in enhancing my own abilities to establish health in mind and body.

Training and Credential of Practitioner:

I have reviewed the training and credentials of the practitioner 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 they exclusively provide health consultation services.

David M. Shein, CCH (he, him):

David M. Shein received a Bachelor of Arts degree from the University of Rochester in Philosophy in 1984. He received a Master's of Arts in Creative Writing and English Literature from S.U.N.Y. Brockport in 1998. He has a NYS Permanent Teaching Certification in English, 1999. He is also a NYS Mandated Reporter. He completed the Homeopathic practitioner's certificate program from The Academy of Homeopathy Education (Philadelphia), in June, 2019, and has been a Certified Classical Homeopath (CCH) accredited by the Council for Homeopathic Certification (CHC) since June, 2020.

Cost of Consultation:

I have reviewed the fee statement above. I agree to pay these fees at the time that services are provided. Payment may be prepaid by check, or paid via debit account, or credit card through [Square](#) on the day of each consult. Clients with health expense accounts may also pay through [Square](#). Checks should be made out to Blackbird Homeopathy, LLC, and may be mailed to 132 Laburnam Crescent, Rochester, NY 14620.

I agree to the office policies and charges described in the fee statement.

Professional Conduct and Consultation:

The 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 the Client's health in conferral with colleagues and other practitioners with whom the Client consults, without an additional confidentiality waiver. This Agreement becomes part of the Client's case records. The 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 the physician's assessment in so far as it applies to the Practitioner's work with him, her, or them. None of the Practitioner's recommendations should be considered medical advice. If you have any questions about your medical condition(s), please consult with your physician.

Client Signature:

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Practitioner Signature: _____

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