

# INFORMED CONSENT – SANCTIFIED HEALING SERVICES

I understand and agree that Creekside Wellness Center & Shoppe and its employees and agents do NOT claim to treat or cure *any* illness or disease with **SANCTIFIED HEALING SERVICES (SHS)**. I understand that SHS are complementary to, and are not a substitute for state-licensed medical services. I agree that SHS are not medical diagnostic procedures and therefore do not diagnose disease. I acknowledge that SHS is based on indigenous Christian principles using education, the healing power of nature, hygiene, nutrition, health screenings, and spiritual counseling. I understand that SHS has as its goal homeostasis within the body, which may be achieved by sanctifying the proper and necessary balance between the integrated components body-mind-spirit.

I understand that with all natural healing modalities that I may experience an initial increase in symptoms, or what is known as a healing crisis. This can last from 1 to 4 days and can be similar to flu or cold symptoms, e.g., headache, fever, body ache, etc. I understand that this is a recognized part of the healing process.

I further understand that I am to continue all medications and other treatment modalities as they may have been prescribed until otherwise directed by the practitioner who prescribed them.

I understand there is a consultation fee and some services may require an additional charge.

I agree that SMOCH is an ecclesiastical jurisdiction and is the exclusive body with authority to decide or rule in any matter of dispute or disagreement between the Parties hereto. In the event I am dissatisfied with services provided by Member or otherwise, I am entitled to file a formal complaint through the Disciplinary Council division of SMOCH at [www.smoch.org](http://www.smoch.org) or by mail to: SMOCH, POB 553, Charlestown, NEVIS, West Indies. Upon receipt of complaint SMOCH will initiate an investigation in accordance with the Code of Ethical Standards. In the event SMOCH determines evidence exists to initiate a formal inquiry, SMOCH will appoint an arbitral tribunal as the agreed sole remedy to evaluate and rule on such complaint

I acknowledge that I have been told of the possible risks of all SHS modalities, and I have been given satisfactory answers to my questions

concerning any and all procedures and related matters without prejudice. Therefore, I indemnify and hold harmless Creekside Wellness Center & Shoppe and its agents against any and all liability in any way connected to my participation in the above activities.

I have read this informed consent and understand it. I am not a minor (under the age of 18). Additionally, I acknowledge that I am here on this day and every subsequent visit solely on my own behalf and not as an agent of any governmental agency. I also certify that I am signing my own true given, legal name and not an alias or pseudo or false name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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I acknowledge that I am the legal parent or guardian of the child named below. I also authorize SHS as deemed necessary for my (circle one) son/daughter.

\_\_\_\_\_  
Full Printed Name of Minor

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian