

Texas Institute for Homeopathy

CASE DISCLOSURE AND PATIENT CONFIDENTIALITY

In consideration of the care and treatment being given to me by,
_____, a student / instructor (circle one) with
the Texas Institute for Homeopathy, I consent to allow the facts, observations and
descriptions made of my case to be discussed and/or published with and among other
students, practitioners and teachers of homeopathy for the purpose of furthering the
education of these healing professionals. This information will be used solely for such
educational purpose and none other. As far as is reasonable, no identifying information
will be shared so as to protect my anonymity and the confidentiality of my health
records.

Signed this the ___ day of _____, 20___,

by _____