American Medical College of Homeopathy (AMCH)
Active Homeopathy, LLC
1951 W. Camelback, Suite 300; Phoenix, Arizona 85015 <<>> 602-953-2469

Consent Form for Sharing Patient's Information with Supervisor

I authorize my homeopathic practitioner to share my case with his/her supervisor. The information is kept in strict confidentiality by both the practitioner and the supervisor. The main intent and purposes for sharing the information are: a) have an experienced practitioner look at the data and the analysis before a remedy is given; b) provide feedback to the student for areas that he/she needs to focus.

The patient's case may be shared via email or printed hard copy. A written brief summary of the case is also sent to the American Medical College of Homeopathy (AMCH) director for his review. This consent shall remain in effect until a written revocation hereof is delivered to the homeopathic practitioner.

I have read and I understand the section entitled Consent Form for Sharing Patient's Information with Supervisor.

Name	Signature	Date