

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

Consent #1 (Optional):

I authorize The American Medical College of Homeopathy (AMCH) Active Homeopathy, LLC to videotape my office visit and to display the video recording of my office visit, or portions thereof, on a monitor in the course of lectures and seminars on homeopathy. I understand there is always the risk that a viewer of the videotape recording of the office visit may recognize me or recognize my name and that my privacy would thereby be invaded. The Practitioner, however, will work carefully to avoid the eventuality.

Patient or Guardian Name	Signature	Date
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Consent #2 (Mandatory):

I authorize the American Medical College of Homeopathy (AMCH) Active Homeopathy, LLC to videotape my office visit. I understand that the videotape will be used by the homeopathic treatment team to study my case and will not be shown to anyone else.

Patient or Guardian Name	Signature	Date
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