



# sacredbee

SACRED BEE APITHERAPY, LLC

Joyce Roetter  
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Santa Fe, NM 87507 USA  
505-306-0986

## **INFORMED CONSENT AND WAIVER AGREEMENT**

Joyce Roetter is a complementary and alternative health care practitioner and is not licensed by the state of New Mexico. There is currently no license available for the service provided. All services and treatments provided are complimentary or alternative to health care services provided by health care practitioners currently licensed by the state of New Mexico. There are no clearly established protocols for Apitherapy, but it addresses the whole body, mind, and spirit in a holistic way.

Joyce Roetter has been certified by the Hoshindo Society of the Americas in 2010, and is certified by the American Apitherapy Society.

**Apitherapy:** Is the art and science of making therapeutic use of products of the honey bee hive, including honey, propolis, royal jelly, pollen bees wax and venom. To be most effective this treatment requires a relationship of trust and confidence between Apitherapist and the recipient of Apitherapy. Potential complications from apitherapy can include itching, swelling, infection, allergic reactions ranging from skin irritation or rash up to or anaphylactic shock which can cause difficulty breathing, loss of consciousness and even death if not treated appropriately. BVT should not be used if pregnant, taking blood thinners, beta-blockers, or steroids.

Apitherapy helps support the immune system and is beneficial in the treatment of Lyme, arthritis, wounds, pain, gout, MS, tendonitis, infection, shingles, and more.

**Patient's records:** patient records and transactions are confidential unless the release of these records is authorized in writing by the patient or as required by law.

**Free to Decline:** You are free to decline participation in the visit and to discontinue at any time without prejudice. We reserve the right to refuse treatment at our sole discretion at any time.

**Complaints:** A patient may file a complaint against any complementary and alternative health care practitioner with the New Mexico Department of Regulations and Licensing Department.

Attn: Superintendent's Office  
Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, NM 87505  
Phone: 505-476-4500

I have given the Apitherapist a clear, candid and complete disclosure of my medical history including problems, treatments and medications. I am not on Beta-blockers. Should I begin to exhibit signs of a significant allergic reaction, I authorize the Apitherapist to administer Epinephrine and/or antihistamine.

I have fully read and understand above information, the elements of informed consent, my responsibilities and rights. I hereby consent to the use of apitherapy for the purpose of improving my health.

By signing this form, you agree your objective is to advance your knowledge about personal health. This declaration shall be valid for all current and future appointments and telephone conversations, or until revoked by client in writing.

I acknowledge that I have access to a copy of this Patient Information Document, the original of which will be kept by Joyce Roetter, for at least 3 years and I understand and agree to its contents.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature (of patient or guardian) \_\_\_\_\_