

CLIENT AGREEMENT

I acknowledge that (I am / not) a Federal, State or Local agent, upon entering these premises I must declare same or, under the Bivens Act – Article 42, be held personally and individually liable. _____ (circle one above and initial).

Cancellation Policy

Any client not showing up for their scheduled appointment or not canceling outside of 24 hour notice will be billed for the missed appointment. Many good clients who would like to schedule appointments are turned away due to people scheduling appointments and simply not bothering to show up or canceling without 24 hour notice. We are saddened to have to implement this policy and hope it does not inconvenience an otherwise good clientele. _____ (initial)

Disclaimer

herbs etc, Naturopathic Institute, and Naturopathic Community Center employees or representatives do not make any claims or representation in any way outside of the scope of practice, especially regarding medical procedures and are not responsible for any adverse effects or consequences resulting from the use of any of the suggestions, information, or procedures.

Our intention is to offer healthful information and education to assist an individual and their primary care physician to facilitate the body's healing process toward good health and longevity.

Our intention is not directly or indirectly to offer medical advice or to prescribe the use of any diet or detoxification techniques as a form of treatment for illness, disease, or sickness without prior medical approval.

Physicians, nutritionists, and other medical experts in the field of health and nutrition have varying views, opinions, and thoughts to various information and treatments offered. In the event that you use any of the information from the website, handouts, or staff members without your doctor's prior approval, you are practicing a constitutional right to self-prescribe and assume all responsibility.

The intention of any of our information is not to diagnose or prescribe.

We must be advised of any health conditions that might impair professional treatment. Major illnesses and systematic conditions are contraindicated. _____ (initial).

Signature

Date