

Healing Hands Massage

502 Nth 1st

5807617573

NOTICE OF UNDERSTANDING AND AGREEMENT:

Client Name: _____

Contact # _____

Service:

I hereby, attest to the following:

1. I fully understand that the Consultant I am seeing in this office is not a physician, and I am not consulting for medical, diagnostic, or medical treatment procedures.
2. The services performed by the Consultant are at all times restricted to helping me gain a better understanding of my degree of "health" (not disease), so I will have a greater self-awareness and be able to use a self-care program for daily living.
3. I understand that as a Consultant the recommendations, discussion, sale of food, nutrition, nutritional supplements, vitamins or minerals, food grade herbs, or other nutrients as foods for special dietary use only pertains to the whole body concept of nutrition, and does not relate in the context of any specific ailment or condition.
4. The appointments do not involve the diagnosing, prognosticating, treating or prescribing of medicines or the treatment of disease, or any act which will constitute the practice of medicine in this state, for which a license is required.
5. Fee Agreement: Payment in full at time of service.