

## Client Consultation Consent, Disclosure, & Disclaimer

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Please Print Name

**Please take a moment to carefully read the following information and sign where indicated.**

- I understand that I am here to learn about natural health and better lifestyle practices and that I will be offered information about food supplements and herbs as a guide to general health.
- I understand that I should continue to see any medical doctors I am currently under the care of, and that any prescription medication should not be altered without first consulting the Doctor who recommended it.
- I fully understand that those who counsel me are not medical doctors, medical practitioners, licensed nutritionalists or licensed naturopaths. I am not here for medical diagnostic purposes or treatment procedures.
- Information about traditional uses of supplementation that may create a healthy balance in the body may be discussed. This is not intended to be interpreted as a substitute for a licensed Physicians treatment.
- Information about traditional uses of supplementation that may create a healthy balance in the body may be discussed. This is not intended to be interpreted as a substitute for a licensed physician's treatment. Nothing said, done, typed, printed or reproduced by us is intended to diagnose, prescribe, treat or take the place of a licensed physician.
- Our intent is to provide educational information for the purpose of assisting you with the lifestyle changes and decisions necessary to regain and maintain an environment needed to produce a healthy body.
- I am not on this visit or any subsequent visit acting as an agent for the federal, state, county, local law enforcement agencies or news media on a mission of entrapment or investigation.

I request that *Grace Bryce* perform a natural health evaluation and set up a program for the purpose of reducing stress, enhancing health and harmonizing the body. I understand that *Grace Bryce* is a Certified Natural Health Professional from the National Association of Certified Natural Health Professionals and is also a Master Herbalist through the Global College of Natural Medicine and is a Board Certified Holistic Health Practitioner through the American Association of Drugless Practitioners. She is a certified Jin Shin Jyutsu® Practitioner and a Nemenhah Medicine Woman & Traditional Leader. Flower Remedies, Jin Shin Jyutsu, EFT and emotional energy balancing techniques are also available in consultations. I understand that none of these methods are intended as diagnosis, prescription, or treatment for any disease, physical or mental. It is also not intended as a substitute for regular medical care. I understand that it is my personal decision to follow a nutritional and supplemental program or not to follow it.

I thoroughly understand that this analysis does not replace any additional professional counseling or services with any doctor or any other health care professional. This analysis and nutritional recommendation is an

analysis which can be coordinated with other treatments and is not intended to be in any way a diagnosis or to conflict with any other recommendations or treatments by other practitioners who are licensed by state and federal laws, and also the decision to follow or reject this program is left to my own discretion.

In addition, I fully and completely understand that you do not treat nor do you make recommendations for the treatment of disease in any form or in any manner whatsoever, and I wish to assure you that I am in no way asking for such treatment. I clearly understand that this analysis and consultation is not meant to take the place of any other form of analysis, counseling or diagnosis by a physician or health care professional.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consultation on Behalf of a Minor:**

By my signature below, I hereby authorize *Grace Bryce* to conduct a wellness consultation for my child or dependent as necessary, subject to the terms of this Consent, Disclosure & Disclaimer document.

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**HIPPA NON-PARTICIPATION STATEMENT**

Grace Bryce has chosen to remain a non-covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) that went into effect in October 2002. Participating would mean that hundreds of government agencies would have virtually unlimited access to your private records without your consent. Your confidential records will only be released with your consent as specified by you.

\_\_\_\_\_ initials

**NINTH AMENDMENT DECLARATION**

**ARTICLE IX, U.S. CONSTITUTION**

“The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the People.”

Under the Ninth Amendment to the Constitution of the United States Of America, I retain the rights to freedom of choice in health care, psychological services and educational services. This includes the right to choose my diet, and to obtain, purchase and use any therapy, regimen, modality, remedy or product recommended by the therapist, doctor or any practitioner of my choice.

The enumeration in this declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration at any time.

**CONSTRUCTIVE NOTICE**

Notice is hereby given to any person who receives a copy of this Declaration and who, acting under the color of the law, intentionally interferes with the free exercise of the rights retained by me under the Ninth Amendment, as enumerated in the declaration, that they may be in violation of my civil and constitutional rights, Title 42, U.S.C. 1983 et seq. and Title 18, Section 241.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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