

*The below form is for informational purposes only and it must be customized to reflect the particularities of your specific practice. Your own attorney should review the information, as each state/country has its unique set of laws. Client must keep a copy of your form for his/her records.

Informed Consent and Waiver of Liability

Natural medicine is about optimal health and addressing root causes rather than treating symptoms. It does not substitute medical advice, an MD or your PCP. All you do should be approved by your PCP. This includes taking supplements, changing your diet, and using holistic services (electrotherapy, ultrasound, photoimmunotherapy, phytotherapy, and more).

___ is a [title] and not a Medical Doctor or psychologist. The scope of consultation services does not include treatment or diagnosis of specific illnesses or disorders. If you, the client, suspect you may have an ailment or illness that may require medical attention, then you are encouraged to consult with a Medical Doctor without delay. Only he/she can prescribe drugs. Any mention of drugs, in the course of the consultation, is only for the purpose of providing a complete history of drugs that the client is taking and not for us to judge the appropriateness of the medication. Any change in prescription or dosage is a decision the client makes with his or her physician.

Rather than dealing with treatment of disease, ___ focuses on wellness and optimal health through the use of natural medicine. ___ educates and motivates clients to assume personal responsibility for their health by adopting a healthy attitude, lifestyle, and diet.

While people generally experience greater health and wellness as a result of embracing a healthier attitude, lifestyle, and diet, ___ does not promise or guarantee protection from future illness.

By signing below, you acknowledge that you understand that ___ is an integrative/complementary (not alternative) practitioner, and that you should see a medical doctor if you think you have a medical condition. [Name and company] will not be held liable for failure to diagnose or treat an illness, nor will she be liable for failure to prevent future illness.

Additionally, you promise to give [name] a complete and accurate account of any medical conditions that you may have and any medications that you are taking.

Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled privately between the parties involved.

You agree to get your doctor's approval before changing your diet in any way. You further agree to talk to your medical doctor about any supplements you are about to take.

You agree to waive all of your current and future rights for legal proceeding against [company and name of practitioner], all partners, owners or practitioners for any and all liabilities resulting from advice and/or adverse reactions acquired as a result of diet, any supplements, herbs, creams, services, products, and sessions including, but not limited to, ultrasound, light, cryotherapy, PEMF, biofeedback, neurofeedback, high-frequency, and electrotherapy.

Print name

Signature

Date