

AN UNDERSTANDING OF SERVICES

- I fully understand that you are not diagnosing or treating for any disease or health care condition. I fully understand that if I have any disease or health condition, I must seek qualified medical advice from a licensed physician.
- I fully understand that my interest is in learning to plan and follow a good nutritional program. I am interested in learning ways to help develop and maintain better health.
- I fully understand that recommendations, suggestions, and references to meals, menus or nutritional supplements are for general health maintenance and do not involve any diagnosing or prescribing for the treatment of any disease or health condition.
- I fully understand that you are dedicated to educating your clients to help themselves to better health with emphasis on education and self-care. I understand that what you teach may not be universally accepted and agencies or other health authorities may not agree with this approach where clients must be responsible for developing and maintaining their own health.
- I hereby certify that I am not an employee, agent, or otherwise affiliated with the Federal Food And Drug Administration or an affiliated agency. I further understand: According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term “Drug” is designed to mean: Articles intended for use in diagnosis, cure, mitigation, treatment or prevention of disease. In other words, to “say” that a vitamin, mineral, or other food supplement will have any effect on disease symptoms thereof, that particular nutrient then becomes a drug under the law as written. Therefore, any suggested nutrition is not intended as a primary therapy for any disease or symptom, but, is an added schedule of food supplementation provided solely to upgrade and enhance the quality of food delivered through the diet.
- I fully understand that **Nutritional Live Blood Assessment is intended for educational and nutritional information only and is not to be considered medical advice.**
- I give my permission for you to obtain a drop of blood from my fingertip for use in examining my blood under the microscope. I further agree to hold you harmless and release you from any liability in obtaining this sample of blood using a sterile lancet and lancing device commonly used in blood glucose testing. I also understand this test will be conducted using the proper procedure for obtaining and disposal of blood, slides, lancets, alcohol swabs, tissue, cotton, and any other items necessary in sharps containers; as well as gloves and apparel will also be used to help prevent contamination of sample.
- I understand that any photographs of my blood taken by below signed practitioner belongs to them, to use at their discretion, including research. I also understand that my pertinent health information and name will not be used in conjunction with the same and will remain private.

I have read and understand what is written above.

Signature

Date: _____

Print Name

Email