

## Consent For Services

Before we begin our first session, it is important for you to understand my role as a consultant. It is my responsibility to inform you that I am not a medical doctor; therefore, I do not diagnose or prescribe. Our sessions will be for me, the consultant, to relate information to you, the client, that has been reported and/or documented as being beneficial to others with the same or similar situations.

It is also my responsibility to encourage you to take an active role in bettering your health and well being in all elements.

I pledge to serve you in a professional manner, relaying correlated information to you, with recommendations, to assist you in reaching your desired health and lifestyle.

After reading the above, I \_\_\_\_\_, acknowledge that I am making a personal choice to receive sessions and/or services with Secrets Of The Earth Botanical consultant, \_\_\_\_\_ I understand that it is also my choice to act, or not, on any of the recommendations provided. If I choose to implement any of the recommendations into my regimen, I will discuss the recommendations with my primary care giver and have them approved prior to implementation.

I will not hold Secrets Of The Earth Botanical or its consultants liable for any services or recommendations that I personally choose to implement.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_