##  Disclaimer

## Friends Wellness Center

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Please Print Your 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 a better lifestyle practices, and that I will be offered information about diet, food supplements and herbs as a guide to general wellbeing.
* I understand that I should continue to see any medical doctors that I am currently under the care of, and that any prescription medication should not be altered without first consulting the doctor who prescribed it.
* I fully understand that those who counsel me are not medical doctors, medical practitioners, licensed nutritionist or licensed naturopaths. I am not here for medical diagnostic purposes or treatment procedures.
* Information about traditional uses of supplementation that may create healthy balance in the body may be discussed, I understand that this is not intended to be interpreted as a substitute for a licensed physician’s treatment.
* To further clarify, I understand that nothing said, done, typed, printed or reproduced by Friends Wellness Center is intended to diagnose, prescribe, treat or take the place of a licensed physician.
* I understand that the intent is to provide educational information for the purpose of assisting with lifestyle changes and decisions necessary to regain and maintain an environment needed to produce a healthy body.
* I understand that at times naturopathic peer supervision within Friends Wellness Center is necessary, supportive, and helpful. I understand that case material brought to peer supervision is kept as anonymous as possible and is only intended to draw on all available resources to provide me, the client, the best and most supportive experience as possible. I also understand that If I have any concerns, I can safely voice my concerns and my wishes will be honored.
* 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.

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