



This PDF document contains a CONSENT TO TREATMENT and PRIVATE CONTRACT TO TREATMENT.

The wording has been carefully considered but make changes if you are advised to do so. Personalize the document by changing the areas that have been **color-coded**.

Type this document and print several copies to keep in your file. We go to a local print shop and make up 50 at a time (cheaper than using our printer!). If you use margins of .5 to .75 on both sides and top to bottom it will fit on one piece of paper. We used Times New Roman with the font size of 12. For emphasis use all caps to keep the document on one piece of paper.

When My Body Organic schedules a first-time appointment for a person that comes to the office, we give them a Symptom Survey Form and the Consent To Treatment Contract. They are instructed to fill them out and bring them both back at the time of their appointment. **Always write their full name, address, email address, and phone number in the appointment book.**

When a first-time appointment is made by phone we get their full name, address, email address and phone number. We let them know that we will be sending the Symptom Survey Form and the Consent To Treatment Contract. They are instructed to fill them out and bring them both back at the time of their appointment. **We make a note by their appointment to remember we need to mail them a form - the note is simply a big "F". When the form is sent we put a check mark over the "F" (F=form).**

If they are in town or their appointment is very soon they should stop by the office to get the forms.

The forms serve two main purposes:

1. You absolutely need to protect yourself!
2. You are a professional. The paperwork involved with keeping accurate records for each client is necessary.

MY BODY ORGANIC LLC/SHARLENE PETERSON

CONSENT TO TREATMENT and PRIVATE CONTRACT TO TREATMENT

Holistic Health Professionals (HHP's) are not Medical Doctors (MD's). 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 Medical Doctor. **My Body Organic LLC/Sharlene Peterson** will not diagnose or treat any known or unknown condition, nor make statements that might tend to show intent to prescribe any medication for the treatment of a known or unknown condition.

We, the undersigned, hereby acknowledge that the business of **My Body Organic LLC /Sharlene Peterson** consists of non-invasive natural remedies, such as vitamins, minerals, herbs and dietary changes to create a healthy environment in the body, and various bodywork modalities, such as **Lymphatic Therapy**, but not limited to such. Your visit today is based on the belief that the body has a natural ability to heal itself, if given an appropriate internal and external healing environment. Nothing said, done, typed, printed or reproduced by us is intended to diagnose, prescribe, treat or take the place of a licensed physician.

I agree that **My Body Organic LLC/Sharlene Peterson** assumes no responsibility for my actions, nor for the results of any action I may take with regard to recommendations made during the time period with which **My Body Organic LLC/Sharlene Peterson** is retained in the capacity of a **Holistic Health Professional**. I also attest that I am solely seeking treatment with **My Body Organic LLC/Sharlene Peterson** on my own behalf, and not as an agent or representative of any Federal, State, County, Local Agency, or any Independent Doctor's Office on a mission of entrapment or investigation in behalf of these or any other agencies, either on this or any subsequent visit.

I understand that I am responsible and accountable for all charges incurred, and any subsequent interest and/or past due charges for unpaid balances, including any charges for collecting on all 'past due' bills. Due to Federal Regulations, opened supplements can not be returned for a refund.

The signatures below signify a contract that is not subject to change or adjustment by any non-vested party. My signature below indicates that I have read all of the above statements and that I accept and understand them completely. I agree to consult with **My Body Organic LLC/Sharlene Peterson** on these terms.

PARTIES IN THIS CONTRACT

PRINT NAME: _____ PRINT NAME: **Sharlene Peterson**

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____