

## **Client Informed Consent & Acceptance of Responsibility.**

I, \_\_\_\_\_, request and give consent to Biomedicine Holistic Healing Clinic Inc. to perform health consulting (“coaching”) for myself, or the client named below for whom I am legally responsible.

I understand, that, although Hanna Ormanczyk D.O,M.P; R.N.C, will not diagnose or treat any medical condition but rather will provide nutritional support and nutrition education for an already diagnosed condition. I understand that Biomedicine Holistic Healing Clinic Inc. recommendations do not take the place of my physician’s advice, but rather serve to augment any medical treatment I seek by optimizing the health of my body through nutrition. I am informed and understand that if I am examined, I do so with consent. I do not hold Hanna Ormanczyk liable for information gathered or not gathered regarding my health status. I have discussed or had the opportunity to discuss with Hanna Ormanczyk the nature and purpose of consulting. I understand that, as with all holistic recommendations, the results are not guaranteed.

I am informed and understand that nutritional, dietary and lifestyle recommendations may involve certain risks. These may include, but are not limited to detoxification symptoms (e.g., initially feeling worse due to the release of toxins), digestive symptoms, fatigue, headaches, muscle and joint pain, allergic reactions to supplements, or any unpredictable reaction with my medication that has not yet been found in research literature, etc. (These are statistical possibilities, not probably results). If these issues arise, I will call Biomedicine Holistic Healing Clinic Inc. In the case of a medical emergency, I will immediately contact my physician or emergency room. I understand that Biomedicine Holistic Healing Clinic Inc. does its best to research any adverse effects of any products, but sometimes there is limited research on certain products. I understand Biomedicine Holistic Healing Clinic Inc. specifically disclaims any liability, loss or risk personal or otherwise, that may be incurred therefore directly or indirectly of the use or application of any dietary or herbal supplement or homeopathic remedy.

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its content, and by signing below, I agree to these conditions. I intend this consent to cover the entire course of consulting, including follow up questions now and in the future. I am responsible for all fees and agree that they are payable in full prior to the service performed.

**Client must complete all areas and/or client’s representative.**

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date Signed