# Edenic-Light Integrative Family Life Care™
# Informed Consent and Hold Harmless and Indemnity and Liability Release Form for Advanced Staged Chronic Imbalances.

## Practitioner Notice to Client:

While our practitioners and counselors are equipped and trained to provide the best innovative Integrative Wellness solutions, Edenic Light Integrative Family Life Care makes no guarantees, expressed or implied, in regards to the success of any therapies available for advanced staged chronic imbalances. You understand that there is a very high risk in the treatment/care of advanced staged life threatening health imbalances, and your condition may or may not improve.

You understand that while we only use tested herbal medicines manufactured through registered pharmacies certified by cGMP, that some Naturopathic and Homeopathic Medicines that may be very effective in chronic conditions are alcohol based(tinctures). Furthermore some supplements, that may be effective in helping to heal your imbalance, can potentially put stress on the kidneys and/or liver and has the potential to cause some adverse effects and may require extra supervision, additional detoxifying supplements and lab testing when taken long term. You have the right to reject any therapies, supplements or regimens we give as a solution to your imbalance. We also reserve the right to withdraw our services at anytime should we feel we are unable to provide the best quality Integrative care for your situation. All options and solutions will be thoroughly explained as to effects, risks, expectations and general usage based on published info from the manufacturers and other clinical journals, when necessary. We will not exaggerate or make un-substantiated claims or use any deceptive sales tactics in regards to our services. We will strive to be upfront and frank about our services, our qualifications, expertise and all expectations, as we believe in being honest, real, yet compassionate, warm, loving and maintaining integrity in our relationship with our clients(You). [ ] ←---------please affix Initials

## Client Acknowledgement:

I _____ _____acknowledge and voluntarily consent to receiving Integrative Pastoral Medicine & Pastoral Counseling as a client under faith based health care and not as a an Allopathic medical patient. I further understand that *Edenic-Light Integrative Family Life Care* and it pastoral medicine practitioners are not practicing Allopathic Medicine, but offers its services as a Pastoral Medical Healing Ministry and does not diagnose, treat, cure or prevent any disease as defined by the Food and Drug Administration and American Medical Association.

I acknowledge that I understand all of the risks associated with receiving said services and that I have reviewed all of the qualifications and expertise of said practitioner(s). I have disclosed all existent medical conditions, known food allergies and prescription medications