

**Contract of Authorization in the Nutritional Health
Analysis Procedure for Energy Evaluation**
(Read & sign both sides)

Please Read Carefully Before Signing:

I hereby authorize Amber Weingart, BioEnergetic and Biofeedback Practitioner, Traditional Naturopath, Natural Health Practitioner; to act in my behalf concerning the Health Analysis Procedure for Energy Evaluation. I specifically authorize her to perform a Health Analysis Procedure for Energy Evaluation (use of BioEnergetic Assessment/Electrodermal screening and Biofeedback equipment to measure energy levels of acupressure points and general systems, health history of client and family, and interpretation), physical work on the body, and develop a suggested Health Program (nutritional, exercise, bodywork, stress reduction, life style changes) specifically for me.

I warrant that all information submitted for analysis and evaluation was submitted by me and is true to the best of my knowledge.

I hereby affirm that I am under the care of licensed medical professionals for any and all medical conditions.

_____ MD, _____ Clinic.

I affirm that it is my responsibility to inform the practitioners of this office of any existing medical care I am currently receiving.

I acknowledge that the Health Analysis Procedure, the Assessment, and the suggested Health Program are not for diagnosis, treatment, alleviation, mitigation, prevention, or care of any disease of any kind in any way. However, I reserve the right to use the knowledge I gain in the care of my own body in any legal manner I may choose, including the suggested Health Program.

I hereby attest and affirm that I am here as a client/student on this and any subsequent visit, solely on my own behalf and not as an agent for the media (including newspaper, TV, radio, or internet), federal, state or local agencies on a mission of entrapment or for any investigative purposes.

I hereby attest that I have received a copy of the Complementary & Alternative Health Care Client Bill of Rights. I also affirm that I have read and understand the Complementary & Alternative Health Care Client Bill of Rights and accept the policies and procedures outlined.

Print Name of Client

Signature of Client or Guardian

Date

Health Consultant Status Form

Please Read Carefully Before Signing:

I, Amber Weingart, BioEnergetic and Biofeedback Practitioner, Traditional Naturopath, Natural Health Practitioner; am not a physician nor psychologist and do not hold myself out as either and do not provide medical treatment or psychotherapy. I am an unlicensed complementary and alternative Health Care Practitioner and Consultant of Natural Health Life Sciences. As my student/client, you will be taught a lifestyle of healthful living. The lifestyle you learn and master is not a substitute for medical treatment. This lifestyle is known as Natural Health. For any medical problem it is important that you have seen your physician and have had any medical treatment completed or underway.

Here you will be trained in the effective and productive use of Natural Living: which includes rest, clean air, pure water, exercise for mind, body and spirit, sunshine, healing enzyme-active foods, supportive products and services, and a positive outlook.

Please read and sign the following statement:

In response to the above declaration, I agree that as a student/client of Amber Weingart, BioEnergetic and Biofeedback Practitioner, Traditional Naturopath, that I as an individual am responsible for my own health and health decisions. I have a licensed medical Health Care Practitioner that is my primary health care provider,

_____ MD, _____ Clinic.

I will always seek medical advice for medical treatment from my primary health care provider; and I am not seeking medical advice from Amber Weingart/Opulent Natural Health LLC. As a student/client, I am here to learn the effective use of Natural Health in my daily life. I acknowledge that nothing in the teachings or methods of Natural Health used by Amber Weingart is for the purpose of diagnosing, treating, alleviating, mitigating, curing, preventing, or caring for 'disease' in any way or manner whatsoever. I clearly understand that 'diagnosis' or treatment of any kind for any 'disease' is outside the scope and practice of Natural Health Life Science. I do recognize that Natural Health Life Science is a non-denominational organization that promotes the rights of individuals to pursue natural health care. I also clearly understand that all of the teachings and methods of Natural Health Life Science as used by Amber Weingart are for the sole purpose of assisting people to learn how to obtain and sustain their own health.

Print Name of Client

Signature of Client or Guardian

Date

I clearly understand the above declaration and have asked and had answered any questions that I have pertinent to it.

Client Initials

Date

Practitioner Initials

Date