

Tauna Houghton CAP, Ayurvedic Consults

DISCLOSURE AND RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, the undersigned (client), acknowledge that I have read and understood the contents of this agreement.

1. Tauna Houghton and LifeSpa Professional LLC make no representations, claims, or guarantees regarding the efficacy of his recommendations. The recommendations are based upon a combination of her experience in the state of Colorado and knowledge of natural health literature. A natural health consultation as provided by Tauna Houghton does not constitute a medical service or health care treatment.
2. I also grant permission to Tauna Houghton to perform an Ayurvedic evaluation as is considered necessary or advised for my recommendations. I understand that I may look at my client file at any time and may request a copy of it. I understand that the nature of the recommendations will be explained to me and that I will have the opportunity to ask questions of those involved in my care. I am not being forced to accept any recommendations.
3. Individualized recommendations are offered and applied as an educational and informative consultation. Any action taken as a result of the consultation is done at the sole discretion of the client. Therefore, it is strongly recommended that in addition to any lifestyle consultation that you maintain a relationship with one or more physicians qualified to care for health condition(s). For example, in the case of children I advise that you seek the advice of a pediatrician; if you have cardiovascular disease, consult with a cardiologist; and if you have cancer, consult with an oncologist, etc.
4. Your signature verifies that you have not been told to discontinue treatments with any other medical specialists or other health care providers. Your signature is being given prior to rendering any service, advice, and/or recommendations whatsoever.
5. Financial Policy: Clients are fully responsible for all professional services, herbs, supplements, or equipment received. We are not contracted with insurance companies and do not bill for services. I, the undersigned, understand that I am responsible for all charges. I understand that failure to pay is illegal.
 - a. We will collect full payment for any nutritional supplies, supports, and any educational materials the day they are prescribed.
 - b. We will charge a \$25 fee for any returned checks.
 - c. Office Visit Cancellation: We require a 24-hour (business days) advance notice of an office visit cancellation. There is a 50% fee for visits not cancelled 24 hours (business days) in advance.
6. Supplements: LifeSpa Professional LLC and LifeSpa Products LLC make available nutritional supplements and other health products. You are in no way obligated to purchase these products from this office or any other specific location or company. You may freely choose to purchase such products from any source(s) as you wish.

By typing or printing my name in the signature field below (which shall constitute my signature), I agree to comply with the above polices and acknowledge that I understand all terms, verbiage (language) and concepts herein. ***I understand this consent agreement and have executed it freely and willingly.***

Sign or Type Signature (Patient or Guardian)

Date

Print Client's Name

Print Guardian's Name