

Inphinite Wellness

Client Request and Authorization

Date: _____ Name of client:

I _____ certify that Inphinite Wellness does not claim to cure any illness or disease with NAET, PSE, Biomagnetism, or any other modality offered. I understand that NAET is not a medical diagnostic procedure and therefore does not diagnose a disease. Rather, NAET gives the practitioner an indication as to the substance(s) to which the client may have sensitivity. NAET uses various standard medically proven diagnostic measures and modalities to evaluate the client's condition. The premise behind NAET is to desensitize a client to a substance(s) so that the client may not experience hypersensitive symptoms when they have future contact with them. I understand that I am to continue all medications and other treatment modalities as they have been prescribed unless otherwise directed by the doctor who prescribed them.

I understand that Biomagnetismo Médico ("electromagnetic therapy") is not a medical diagnostic procedure and therefore does not diagnose a disease. The biomagnetic therapy used at Inphinite Wellness gives the practitioner an indication as to the bacteria, fungus, parasites or virus that may be at the root of a particular symptom. Biomagnetismo Médico uses various standard medically proven diagnostic measures and modalities to evaluate the client's condition. The premise behind Biomagnetismo Médico is to balance the body's Potential of Hydrogen (Ph) in order to inactivate bacteria, fungus, parasites and/or virus. I understand that I am to continue all medications and other treatment modalities as they have been prescribed unless otherwise directed by the doctor who prescribed them.

Nutritional consultations, which may or may not be recommended, and subsequent NAET/biomagnetic therapy/PSE/CST sessions are limited to education in matters pertaining to the improvement of overall health and physical fitness for maintenance of the best possible state of physical, mental, and emotional health. Such procedures are not for the diagnosis or treatment of any health condition or disease. I participate in such procedures by my own choice. I authorize the use of hand, finger and mechanical pressure on my body in the form of Accupressure, Muscle Response Testing and Spinal Set Stimulation with the AccuStim as well as the application of magnets on my body.

I understand that all I say is to be kept confidential, and that information concerning myself can be released to another practitioner only with my consent. I hereby grant consent to my NAET practitioner to act on my behalf in matters concerning my health with alternative health techniques. I authorize my NAET practitioner to perform any and all health services for me that I have right to perform on myself and agree to hold them blameless for any and all such acts.

I am not a representative of a branch of municipal, state, U. S. Government, the American Medical Association, or Federal Drug Administration.

I understand that I must have eaten in the last several hours and be well-hydrated in order to participate in a NAET session. I understand that I may not be able to participate in a NAET session if I am within the first 3 days of menstruation. I further understand that the BioPhoton Machine (the "mat") uses magnet therapy. I understand that this can negatively affect pacemakers and other such medical devices. I understand that the use of the mat is an additional technology and it is NOT within the standard accepted NAET protocol. I must indicate to my NAET practitioner if I chose to use such additional technology.

I understand that Biomagnetismo Médico uses magnets in the order of 1,000 gauss and that I am not to use such therapy if I have a pacemaker or if I am in the first stages (3-4 weeks) of chemotherapy. I also understand that the magnets in the mat and those used in the biomagnetic therapy can erase information on magnetic strips present on credit cards and any other device that stores information in a similar capacity. Mobile phones, pagers, and any other devices could be affected. I hereby authorize that I can use the mat and the Biomagnetismo Médico magnets safely and that I have no medical devices that could be compromised by this magnetic technology. I also certify that I will remove all credit cards, mobile phones, etc. from my person while participating on the mat and the biomagnetic therapy and that I may sustain damages to the before mentioned items at my own risk.

I understand that, if so indicated, for 25 hours after the treatment I am to avoid eating, touching, breathing and/or coming within certain distances as it was instructed by my practitioner, of the substance(s) for which I have received treatment. If I come in contact with the substance(s) for which I am being treated, I realize that the treatment may not work and I may have a sensitivity reaction.

I understand that, if so indicated, I must return after my 25 hour avoidance period within 7 days to see if I have cleared the substance. I fully understand that I may still experience a reaction to the substance of unknown severity if I come in contact with them if I did not clear them completely. If I did not clear them completely, I may require repeating the procedure at my cost until I clear them satisfactorily.

I understand that I am personally responsible for all expenses of NAET sessions at the time the service is rendered, payable by check or cash. In the event that a check is returned by my financial institution, I will be responsible for any applicable bank fees. **I understand that I am responsible for a \$60 cancellation fee that will be waived if I give at least 24 hours notice before canceling any appointment. I understand that I am responsible for the normal \$90 session fee if I miss my appointment.**

Inphinite Wellness reserves the right to alter fees associated with office visits and subsequent treatment at its discretion.

I have read or have had read to me the above statements and have had the opportunity to ask questions about its content and by signing below, I agree to the terms and procedures.

Signature: _____ Date: _____

Accepted by: _____ Date: _____