

Dr. Katie Swedrock, LLC

A Florida Limited Liability Corporation

*Natural Health Consultations*

Miami Beach, Fl

(786) 999-9695

[www.ndheal.com](http://www.ndheal.com)

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. Dr. Katie Swedrock, LLC makes no representations, claims, or guarantees regarding the efficacy of her recommendations. The recommendations are based upon a combination of her clinical experience in the state of Arizona and knowledge of natural health literature. A natural health consultation as provided by Dr. Katie Swedrock, LLC does not constitute a medical service or health care treatment.
2. The title of “Dr.” is used to indicate the achievement of a doctorate degree and does not imply that Dr. Katie Swedrock is licensed to practice medicine in the state of Florida. Dr. Katie Swedrock maintains a license to practice naturopathic medicine in the state of Arizona because the state of Florida has not made the license available to Naturopathic doctors since 1985.
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 recommend that in addition to any health 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 cancer, consults with an oncologist, etc.
4. By signing this informed consent you agree to forever release Dr. Katie Swedrock, LLC, its officers and employees from any and all actions, claims or demands that you, your heirs, next of kin, spouse and legal representatives now have, or may have in the future related in your participation of a natural health consultation. You agree to be responsible for all legal costs and fees that may result from action(s) on your part or on the part of your representative(s) against us. If a legal case is brought against us, you agree that we shall be judged by the standards and principles of complementary, alternative, and/or holistic medicine and not the standards and principles of consensus conventional medicine. You have the right to have this consent reviewed by your lawyer.
5. 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.

6. Supplements

6.1. Dr. Katie Swedrock, LLC makes available nutritional supplements and other health products. You are in no way obligated to purchase these products from my office or any other specific location or company. You may freely choose to purchase such products from any source(s) as you wish. Dr. Katie Swedrock, LLC may profit from the sale of supplements and other products that are made available to her clients

7. Licensing/Payment

7.1. Natural health consultations provided by Dr. Katie Swedrock, LLC are not covered by any insurance plans including Medicare. By signing this form you accept full financial responsibility for costs associated with the consultation including laboratory tests and treatment procedures provided by others. A charge of \$30 will be added for all bounced checks. Katie Swedrock holds the right to refuse to accept personal checks.

8. Follow up

9. It is the responsibility of the client to follow for results of all testing and laboratory procedures. It should not be assumed on the part of the client that if they are not contacted by Katie Swedrock, or if the patient does not schedule or keep a consultation, that test results are normal (or without abnormalities), and may not require further medical treatments or advice. Health/medical recommendations and/or possible referral and additional follow-up may be warranted based upon laboratory testing and evaluations.

10. Missed Appointments

11. Cancellations must be made at least 24 hours prior to the scheduled appointment. Clients that fail to cancel prior to 24 hours in advance will be charged \$25 after their first offense. Clients that do not cancel the appointment but fail to show up, call in for a phone consult, or be present for a home visit will be charged \$40.

By entering your signature below you are acknowledging that you understand all terms, verbiage (language) and concepts herein.

***I understand this consent agreement and have executed it freely and willingly.***

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name)