

## DISCLOSURE

INTEGRATIVE SPIRIT HOLISTICS practices Holistic Health, Life and Nutrition counseling in compliance of the Medical Practice Act, Sections 2053.5, 2053.6 and 2068 of California's Business and Professions Code.

Holistic Health, Life and Nutrition counseling is considered alternative and/or complementary to healing arts services that are licensed by the State of California. Integrative Spirit Holistics' practitioners are trained professionals who are not licensed physicians.

We are practitioners who use non-invasive natural medicine, such as spiritual counseling, exercise, education, biofeedback, energy, vitamins, minerals, herbs and dietary changes to create a healthy environment in the body. Services provided are based on the belief that the body has a natural ability to heal itself, if given an appropriate internal and external healing environment. These services are not licensed by the state and nothing said, done, typed, printed or reproduced by us is intended to diagnose, prescribe, or treat disease or take the place of a licensed physician.

If you have any concerns about the nature of your treatment, please feel free to discuss them with us. We also recommend that you inform your medical doctor that you are under alternative care.

I, Frederick Johncox have a MSc. in Holistic Life Counseling from The University of Sedona and I am an Ordained Minister with The International Metaphysical Ministry.

I am a Board Certified Holistic Health Practitioner by The American Council of Holistic Medicine,

A Board Certified Holistic Health Counselor by The American Holistic Health Association,

A Certified Health Coach from The Institute of Integrative Nutrition and The State University of New York at Purchase College, and

A Certified Fitness Nutrition Specialist by The National Academy of Sports Medicine.

## Acknowledgement and Consent to Receive Services

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. Also, that I provide a copy for signature at our first visit and that I keep the original in my records for three (3) years.

- I have read and understand the above guidelines and disclosure about the treatments and techniques offered by Frederick Johncox as well as his training and education.
- I understand that Frederick Johncox is not a licensed physician, medical institution or medical care practitioner and that alternative services are not licensed by the state of California.
- I understand it is my responsibility to establish and maintain a relationship for myself and/or my child with a medical doctor.
- I have consented to use the services offered by Frederick Johncox, and agree to be personally responsible for his fees in connection with the services provided.

Print Name of patient: \_\_\_\_\_

Print Name of person signing, if different: \_\_\_\_\_

C@& one:      Self      Parent      Conservator      Guardian

I acknowledge that I have read and understood all that is disclosed here and I hereby accept full responsibility for any actions taken by myself / child concerning any foods, homeopathic remedies, herbs, supplements, exercises, and educational therapies with Frederick A. Johncox. I hereby release the above named from any liability resulting in any possible damages or loss during our association.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_