

U Value U DISCLOSURE STATEMENT

The purpose of U-VALUE-U consulting service is to provide health related emotional and conflict support. Our goal is to provide you with alternative and positive solution/s to your health problems and daily conflicts that may affect your overall health. The hope is that our goals and endeavors will put you back on the road to recovery and provide peace of mind.

While many people feel and know that understanding, support and consultations can help them eliminate their emotional conflicts, others may need to seek out the services of a licensed psychologist or psychiatrist.

In our practice, U-VALUE-U and associates do not function as a psychologist or psychiatrist, nor do our services replace theirs when the need arrives.

I, _____, as a mature adult of sound mind have read this disclosure statement and understand the limitations of this service, and assume full responsibility for this decision.

Print Name: _____

Signature: _____

Date: _____

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The purpose of the natural health consulting service offered by U-VALUE-U is to help the whole person reestablish balance through removing obstacles or blockages to health and fostering the body's own natural healing processes.

While Doctors of Naturopathy (N.D.) are licensed in eleven states, the state of Indiana does not yet offer licensure for Naturopathic physicians. Consequently in this practice U-VALUE-U does not function as a physician, diagnose or treat disease, nor do our services replace the necessary services of a licensed physician.

I, _____, as a mature adult of sound mind have read the disclosure statement and understand the limits of these services.

I voluntarily seek these services for myself or legal ward,

(If relevant please print your child or ward's name)

and assume full responsibility for this decision.

Print Name: _____

Signature: _____

Date: _____