

TRINITY HOLISTIC WELLNESS

WWW.TRINITYHOLISTICWELLNESS.COM

L.I.V.E. (LOVE IS VICTORIOUS EVERYWHERE)

STATEMENT OF INTENTION AND AGREEMENT

I understand that Naturopathic Care is a process and my decision to embark on this journey with Dr. Carolyn will require a commitment on my end. I also accept and acknowledge the commitment Dr. Carolyn has extended to me where she has offered to be my guide, coach and support person on this journey. I am determined to stay the course and finish the race I have entered into to the fullest of my abilities. Additionally, I also acknowledge that I am free to follow this journey as long as I feel is best to me.



LIVE Healthy, LIVE Happy, LIVE Wholly
LIVE!

ND Informed Consent

According to The Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g) (1) the term drug is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease." A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb or, or Homeopathic Remedy.

Although, a Vitamin, Mineral, Trace Element, Amino Acid, or Herb may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone. Therefore, please be advised that any suggested material or dietary advice is not intended as any primary treatment and or therapy for any disease or particular bodily symptom. Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patients, diet in order to supply good nutrition supporting the physiological and bio-mechanical processes of the human body.

I hereby understand, agree and acknowledge by my signature below that I fully understand that, Carolyn Berghuis, is not a medical doctor, or attempting to perform duties of the medical profession whatsoever. I further understand, agree and acknowledge that anything she says or does is strictly informational use and such information shall not be construed as medical advice. I understand, agree and acknowledge that the information shared with me is for me and me alone regarding my choice whether to use in whole, in part or not at all for my own personal self-healing. I hereby agree to indemnify and hold Carolyn Berghuis, Trinity Holistic Wellness and its associates harmless for any information she shares with me and that it is my understanding that it is my personal choice if I decide to use a process of self-healing. I give Carolyn Berghuis permission to test me with the Bio-Meridian EAV machine. I certify that I am here on this, or any subsequent visit, or contact, whether by mail, phone, or in person on my behalf. I am not an agent or representative of any federal, state, county, local government, or private agency on a mission of investigation.

Name (print): _____

Signature: _____

Date: _____