## **DISCLAIMER**

Signature:	_Date:
Client	
I agree that I have read and understand the above state	ment.
Any information given is for educational proposes only.	
the care of my primary physician	
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disorder or conditions. I understand it is my responsibili	ty to continue my medication and remain under
diagnose, evaluate, treat, cure, mitigate or prevent any	nutritional, medical or psychological disease,
Psychologist or psychotherapist and does not portray he	erself as such. I understand, she will not
I understand that <b>Louise Lerman</b> is not licensed as a m	edical doctor, chiropractor, counselor,