

Andreas Marx, O.M.D., Dipl. Ac. (NCCAOM)
Statement of Practice

I, Andreas Marx am a licensed acupuncturist in the state of Colorado. I do not practice any type of primary care mode of therapy such as a medical doctor does. For any medical or nutritional/dietary problem, in all matters of total wellness and disease prevention, I highly and whole heartedly recommend that my clients see a licensed physician and dietician regularly for a physical examination and basic blood tests, to have their doctor or dietician diagnose any medical or dietary problems or disease, and encourage that they follow their doctor's or dietician's prescribed modes of therapy according to the dictates of their own conscience. In times of illness, or in the presence of symptoms of illness, I strongly encourage all clients to seek medical attention immediately from a licensed physician in their area. I address the implementation of any lifestyle changes or stress reduction techniques, as well as the use of homeopathics, herbs, vitamins, minerals or foods that one might use or avoid, in an attempt to balance the body and its acupuncture meridians. My suggestions are not prescribed treatments, but recommendations designed to stimulate the body to make such changes on its own. It is up to each individual to decide if such approaches are appropriate for them and must be based entirely upon their own free will and choice.

Consulting Authorization and Release Form

1. I fully understand the difference between the practice of allopathic medicine (diagnosis, treatment and prevention or management of disease through current standards of care), and natural solutions for life which use natural approaches to optimize health and stimulate the body towards self-adjustment and balance.
2. I fully understand that Andreas Marx is not an allopathic doctor (MD) and does not pretend to be, but is a Professional licensed acupuncturist and wellness consultant providing services that are not allopathic, but that are within the parameters of natural health and wellness philosophy. I have read and fully understand the Statement of Practice.
3. I fully understand that Andreas Marx does not offer allopathic drugs, surgery or radiation therapy, but is providing information and natural products to restore natural balance and optimum conditions for health and wellness based on the scope of his practice.
4. I fully understand that Andreas Marx is not diagnosing or treating any illness or disease.
5. I fully understand that Andreas Marx is in no way encouraging me to terminate or modify any previous or ongoing therapies started by or under the direction of any licensed practitioner.
6. I fully understand that the services provided by Andreas Marx may not be generally accepted and/or recommended by allopathic physicians or other health professionals.
7. I presently seek consultation, advice, opinions and/or programs, tests, evaluations and/or products within the scope of Andreas Marx's wellness practice based upon the principles of natural health.
8. I have solicited Andreas Marx's services in good faith, exerting my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.
9. If I desire services not provided by Andreas Marx, I fully understand that I should seek them elsewhere, and that Andreas Marx can/will not dissuade me from seeking allopathic attention, recommendations or modes of therapy from a licensed practitioner.
10. If a minor or an individual accompanies me who must be assisted by me in some way, either partially or completely, I give full faith that I am legally and totally responsible for them.

11. I authorize Andreas Marx and staff, to provide their services to me on my behalf, and hereby release them from any and all claims arising out of my actions or failure to act upon their advice.

12. I give full faith that I have read and understand this document entirely, that I have received verbal explanation of the same and that my questions have been answered to my satisfaction regarding this form.

13. I am willing and prepared to declare and repeat under oath all of the above statements by request of Andreas Marx or anyone else.

I hereby consent to and authorize the above described evaluation and consultation:

_____ Date _____
Parent or Guardian Signature (if under 18)

_____ Date _____
Client

I authorize the release of my health information to or from other providers.

_____ Date _____
Client