



General Wellness Stress Assessment

Authorization, Release and Consent Form

This Agreement (“Agreement”) was entered into on the _____ day of _____ (month), 20____ between _____ (“Client”) and _____ (“Provider”). The Client and Provider acknowledge and agrees as follows:

I am requesting a General Wellness Stress Assessment. I understand that the Bionetic Responses and AcuStress Point measurements used during this and all subsequent sessions, used by the Bionetic Counselor measures the micro-electrical responses and energetic pathways of the body. This assessment also aids in the identification of various energetic stressors that might impede the energy blocks created of mind, body, and emotions. I understand that the evaluation may include light or sound therapy, recommendations for lifestyle, exercise, stress reduction, detoxification, rest, sleep, and/or nutritional changes designed to balance the body’s energy pathways and enhance overall Chi. Natural products provided by the IABC Counselor through this agreement covers only products manufactured by New Human.

1. I understand that the Bionetic assessment process and related recommendations are not cures or treatment for any known diseases or conditions, nor have these procedures been proven clinically to eliminate, prevent, or mitigate any specific diseases.
2. The Bionetic General Wellness Stress Assessment is not a method of diagnosing or treating diseases, nor are the identified therapies designed to replace any of the medications or treatments that I am currently advised as a prescription by primary care physician.
3. The discussions are designed to enhance all means of natural healing under the aspect to “make whole”, “to make well”, or “to restore balance and harmony;” specifically “a restoration to the unity of our ‘inner being’ in our personal awareness, which ultimately brings wellness.
4. I fully understand that the attending consultant as Providing Member of IABC*; is a holistic Bionetic Counselor offering Bionetic services that are not allopathic (western medical) in nature. If certified by IABC offers counseling on the Divine nature of man, natural health, physiology enhancement through nutrition and support, energetic health, and wellness and philosophies that support true health of body, mind and spirit.
5. I fully understand that the attending consultant does not offer allopathic drugs, surgery, chemical stimulants or radiation therapy, or mitigation of disease processes, but is providing information and natural processes to monitor, and ideally provide information necessary to restore natural balance and through self-regulation, and the enhancement for optimal physiological performance of the body.
6. I fully understand that the Counselor is not diagnosing or treating any illness or disease, but is assessing only the Bio-Energetic Imbalances and overall Acupoint Stress Responses of the body, and that these services may not be generally accepted and/or recommended by allopathic physicians or other licensed health professionals and all procedures fall under the general wellness guidelines.
7. I fully understand that the attending consultant IS NOT encouraging me to terminate or modify any previous or ongoing medications under the direction of any licensed practitioner, and that the attending consultant can/will not dissuade me from seeking allopathic treatment from a licensed practitioner.
8. I, as a IABC member, presently seek consultation, advice, opinions and/or programs, tests, assessments and/or products within the scope of the attending counselor's practice, based upon the principles of holistic Bionetic health services and have solicited the attending counselor'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 in optimizing my body’s metabolic function and enhancing my well being.



9. I take full legal and total responsibility for any minor or incompetent accompanying me.
10. I authorize the attending consultant to provide their services to me on my behalf, and hereby release them from any and all claims and potential claims arising from my actions or failure to act upon their advice. I agree to be bound by the terms and conditions of my IABC membership.
11. The client acknowledges and understands that there is no guarantee that the General Wellness council, information, recommendations, and training offered under the terms of this Agreement will improve the Client's overall health, will improve any specific physical or mental health issue, or cure any physical or mental disease, disorder, injury, or physical deformity,
12. I give full faith that I have read and understand this document entirely, that I have received a verbal explanation of the same from the attending consultant and/or that he/she has answered satisfactorily all of my questions regarding the information on this document.
13. The Client agrees that any controversy between the parties regarding the construction, application, or performance of any services under this Agreement and any claim arising out of or relating to this Agreement or its breach, shall be submitted to binding arbitration with the National Center for Life and Liberty as the sole means of resolution of any claim. The Client agrees to waive any right to bring a malpractice action outside of the binding arbitration proceeding described herein. The Client also agrees to waive any right to bring a complaint to a government board or agency. The Client specifically agrees that the Client's right to binding arbitration before the National Center for Life and Liberty is the Client's sole remedy under this Agreement and to any dispute arising out of or related to this Agreement.
14. The Client acknowledges that the Provider is providing spiritual education, information, recommendations, and training to the Client to improve the status of the Client's general wellness. The Client acknowledges that the Provider has a right, pursuant to the First Amendment to the United States Constitution and the constitutions of the various states, to provide mind body spirit educational material and instruction, information, recommendations, and training. It is also agreed that the Client has a right, pursuant to the First Amendment of the United States Constitution and the constitutions of the various states, to receive this educational material and instruction, information, recommendations, and training. The Client further acknowledges that he or she desires to receive the counselors general wellness educational material and instruction, information, recommendations, and training services.
15. The Client specifically acknowledges that the services provided under this Agreement are not covered by insurance, and that Client will make suitable payment arrangements in advance of his or her first meeting with the Provider.
16. This Agreement represents the entire agreement between the Client and the Counselor. No other terms or conditions exist, except those specifically stated herein. This Agreement cannot be modified, except in writing, signed by both the Client and the Counselor. This Agreement shall be governed and interpreted in accordance with the laws and the Constitution of the state of Florida and the Constitution of the United States.
17. This is an important legal document. By signing this Agreement, the Client acknowledges that he or she has had the right to review this document with the assistance of independent legal counsel.



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

Client signature

Date

Parent or Guardian signature if under 18

Date

* The International Association of Bionetic Counselors (IABC) is a Constitutionally based Private Membership which is provided for by the Constitution of the United States of America to form mutually beneficial private memberships. All members subscribe to the IABC Codes of Ethics and Preamble. The IABC is the undisputed world leader in bringing health care practitioners together with families to share valid natural health concepts in the field of Mind Body Spirit. All technology used by IABC members fall under the General Wellness guidelines.

The IABC's Member Share Network provides a gentler approach to our health challenges. IABC Counselors are certified by the IABC to provide assistance to our members and come from every area of health care, counseling and ministry, and from almost all corners of the world.

Our counselors have one thing in common and that is they believe that while conventional medicine has an important place in saving lives, following healthy lifestyles habits, managing stress, searching for our purpose in life and living in gratitude will help us avoid much of the chronic poor health and disease that plagues mankind. We thank you for your commitment to your own health and are pleased to accompany you on this journey.