

Gigi's Aromatic Apothecarie L.L.C.

Informed Consent Agreement

I understand that the educational services I am receiving or that my dependent is receiving include holistic protocols, and these services are not to be construed as medical advice, diagnosis or prescription.

- I give consent for the practitioner to evaluate and consult with me about my condition and to suggest a holistic health plan for me (or my dependent).
- I confirm that I am seeking consultation voluntarily and I am not bound to follow the aromatherapy plan unless I choose to.
- I confirm the general benefits, methods of use, and possible contraindications of the plan have been explained to me.
- I understand the recommended protocol is not a substitute for medical treatment or medications, and that the practitioner recommends that I concurrently work with my physician for any condition I or my dependent may have.
- I confirm I have informed the practitioner of all known physical and medical conditions and medications, and will update the practitioner on any changes.
- I understand I am financially responsible for the cost of any products used in my plan and the consulting services of the practitioner.
- I agree not to hold the practitioner responsible for any negative outcomes as the result of service or misuse of products.

Client Name:

Date:

Responsible Party Signature: