

Disclaimer

Naturopathy w/ Transpersonal Counsel

Darkfield Microscopy (Live Blood Analysis) & Biofield (ft Reiki & TBM) Therapy Including Telehealth for Remote/Distance Sessions.

- I understand that Live Cell Microscopy (LCM - Darkfield) and Bio Energetic Evaluations, including Reiki, and Subtle Influence Medicine (TBM Total Body Modification) are screenings for educational purposes only and that the educator, Rev. Dr. Jacqueline R Bowman, MMSc., PhD., nd., conducting these sessions is not a medical doctor. Jacqueline R Bowman is a Certified Reiki Master Practitioner, TBM (Total Body Modification) Practitioner, Intuitive, Transpersonal Counselor (PhD), Ordained Minister (Rev.), and a Live Cell Microscopist.
- The information being sought via Darkfield microscopy (LCM – Live Cell Microscopy) is of a nutritional nature and is not for medical diagnosis or treatment. It is a terrain assessment for educational purposes only. This assessment cannot tell if disease is present. A toxic terrain can allow a disease process, so it is the goal to manage that terrain as prevention only.
- Any information being retrieved during a biofield session (Reiki, TBM) is of a spiritual nature and is reflecting upon the intuitive finds within the subtle bodies.
- Any invitation regarding the exploration of suggested nutrition or lifestyle changes is not intended as a primary therapy for any disease or symptom. Any added invitation to explore a schedule of food supplements and or changes, is provided solely to upgrade and enhance the quality of food delivered through the diet.
- I authorize the Microscopist to use a capillary lancet to obtain a blood specimen required for the demonstration using OSHA or other guidelines. I agree to hold harmless, the Microscopist, Rev. Dr. Jacqueline Bowman, MMsc., PhD., nd., LCM, who shall perform the demonstration.
- I hereby certify that I am here on this and any subsequent visit, solely on my own behalf and not as any federal, provincial or municipal agent on a mission of entrapment or investigation, in any and all forms, including all media and print outlets and articles.

TELEHEALTH – Remote/Distance Online video/Telephone Sessions

- Informed verbal consent was obtained on (Date D/M/YYYY) _____ from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary. Client has been informed that a signed copy of this disclaimer, business policies, and necessary intake information must be provided as hard copy or .pdf to be held on file prior to initial session.

Print Full Name: _____

Signature _____ Date _____

On behalf of: (under age client) _____

Witness Name: _____ Witness Signature _____