

Mutual Understandings and Consent to Treatment:

Information revealed during initial consultations, re-evaluations and other counseling sessions are confidential. Exceptions to this confidentiality include disclosure by you/patient regarding intention to harm yourself or others. Your record and the information contained within it will not be disclosed to others unless you direct us to do so or unless the law authorizes or compels us to do so.

You are encouraged to ask any questions and/or concerns you have. Although your protocol will be thoroughly researched and will be customized to your unique health status and your personal goals, no guarantees can be assured regarding the outcomes.

Fees are charged for professional services, and full payment with cash, check, paypal, Zelle or Venmo are due in full at the time services are rendered. Consultations are examples of professional services. You are responsible for payment for fees. We do not bill insurance carriers or Medicare.

When you call and schedule an appointment time is reserved especially for you and Becky Post Living on Purpose. We require 24-hour notice for any cancellations or appointments that need to be rescheduled. If we do not receive notice within 24-hours of your appointment we will charge you \$75.00 which is the price of the appointment.

You are encouraged to ask questions on any health-related topic and to take an active role in your health care. Ours is a team approach and natural treatment may involve encouraging you to make changes in your diet and life-style that can help achieve optimal health.

These statements have not been evaluated by the Food and Drug Administration. These services are not intended to diagnose, treat, cure or prevent any disease. The information discussed during a consultation is for informational purposes only and is not intended as a substitute for advice from your physician or other health care provider. If you have any concerns about your own health, you should always consult with a physician or other healthcare professional.

Name: _____ Date: _____