



Bio-metrics Scan Consent, Disclosure and Disclaimer Form

OnPoint Health and Wellness LLC

I request and give permission to Jennifer Kaye Nichols, CBP, ACI to proceed with and set up a personal care plan using Bio-metrics scan software, for the purpose of improving my well-being.

I understand that the Bio-metric scans are not intended to diagnosis, treat, prescribe, or cure any condition, mental or physical, and that it is not a substitute for regular medical care. My goal is to look for possible 'root causes' that are within the symptoms you are managing.

- The Non-linear Bio-metric Systems (NLS) are computer-based, non-invasive method to examine the status of health effected by multi-level issues within the body. These are the most commonly used biofeedback technology available. The hardware-software systems have preset bio-electrical wave lengths that interact with your own body's patterns. This will bounce back as your own signature wave and allow the system to measure the biofeedback of selectively amplified signals.
- A good 6 hour water hydration period is required. Dehydration of the body will impede the results of the scan.
- If you feel nauseous, faint, dizzy, or have a headache after a Bio-metric scan session, please drink mineral or electrolyte water, no sugar or colored beverages. This reaction can be felt if your body's waste removal pathways are blocked or weak.
- Metatron NLS Hunter 4025A Non-Linear full-body Biofeedback analysis system developed in Russia is /had the FDA registered class II biofeedback technology, used by qualified health professionals, to provide information about stress and stressors in the human body in a non-invasive way. It achieves this through the placement of sensors on the head that measure changes in brain waves in response to subtle frequencies. Data is interpreted by a computer and visualized on a computer screen.

This signature is an acknowledgment that you have received, read, and understand this notice of the Consent, Disclosure and Disclaimer Form and are giving permission to proceed with your personal health care needs.

Signed by: _____
Signature of Patient or Legal Guardian

Date

Print Patient's Name

Jennifer Kaye Nichols, CBP, ACI
OnPoint Health and Wellness, llc