



## NOTICE OF UNDERSTANDING AND AGREEMENT

I hereby, attest to the following:

1. I fully understand that the Functional Medicine Practitioner I am consulting is not a physician, and I am not consulting for medical, diagnostic, or treatment procedures.
2. The services performed by the Functional Medicine Practitioner are at all times restricted to helping me gain a better understanding of my degree of “health” (not disease), so I will have a greater self-awareness and be able to use a self-care program for daily living.
3. I understand that recommendations, discussions, sale of food, nutrition, nutritional supplements, vitamins, or minerals, food grade herbs, or other nutrients as foods for special dietary use only pertain to the whole-body concept of nutrition and does not relate in the context of any specific ailment or condition.
4. The appointment does not involve the diagnosing, prognosticating, treating or prescribing of medicines or the treatment of disease, or any act which will constitute the practice of medicine in this state, for which a license is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

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