

Julia McLean, NTP
16 Bridge Square
Northfield, MN 55057
952-240-0469

NOTICE OF UNDERSTANDING AND AGREEMENT:

I, the undersigned, understand that Julia McLean works as a nutritional consultant and therefore will not diagnose or treat any known or unknown condition nor make statements that might tend to show intent or prescribe any medication for the treatment of a known or unknown condition.

I further understand that Julia McLean as a nutritional consultant recommends and talks about food, nutrition, nutritional supplements, vitamins, minerals and other nutrients, as well as foods, only as they may pertain to the whole body concept of metabolic processes as currently understood in the human body.

I agree that neither Julia McLean assumes responsibility for my actions nor for the results of any action I may take with regard to recommendations during the time period which I retain her as a nutritional consultant.

I hereby give my permission for Julia McLean to balance the body's energy system by whatever method she deems useful, which may or may not result in restoration of specific bodily functions.

I also attest I am here solely on my own behalf and not as an agent or representative for and Federal, State, or local agency or on a mission of entrapment or investigation on this or any subsequent visit.

My signature below indicates that I have read all of the above statements and that I accept and understand them, and that I agree to consult with Julia McLean on these grounds.

Print Name _____ Date _____

Signature _____

I hereby assume financial responsibility for any and all charges for services, supplements, and/or any specialty items at the time of performance of delivery.

Signature _____ Date _____

THIS DOCUMENT IS TO REMAIN IN THE CLIENT'S FILE.