

## CLIENT/THERAPIST AGREEMENT

I, the undersigned, am aware and agree that my responsibility in providing you services (live blood cell analysis), is to work with you as part of a team on your self-directed healing path. Although suggestions may be made during a visit, it is not my intent or responsibility to diagnose or prescribe; and therefore am not a replacement for you regular medical practitioner.

\_\_\_\_\_  
Lab Technician

\_\_\_\_\_  
Date

I, the undersigned have read and understand the above statements. I accept full responsibility for my own health and welfare. The Technician has made the conditions of this agreement clear to me, and I give them permission to assist me on my healing journey using the treatments offered. I recognize that it is of my own free will that I choose to follow suggested treatments, and absolve the Technician from any claims of breach of this agreement. I have read the waiver, and agree with the above.

I will advise the Technician prior to testing if I have HIV/AIDS/Hepatitis. I understand that this test is for research purposes, and does not replace my physician or medical practitioner's advice. I further authorize the Technician to prick my finger to obtain a blood sample for the purpose of this test.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
phone number