

Zee Healing Sanctuary
Client Statements of Understanding and Agreement

*REQUIRED — PLEASE FILL OUT AND SIGN

I _____ (Client) agree to consult Johanna Zee, RN, NHP of the Zee Healing Sanctuary for self-healing, health education and counseling services at the following pay rate:

_____.

The Client understands that:

- * The Consultant is not a medical doctor nor a physician.
- * The Consultant does not diagnose, treat or advise in medical areas.
- * The Consultant is a Registered Nurse, Licensed in both New York State and the state of California.
- * The Consultant is a Certified Natural Health Practitioner with a Masters of Science degree in Wholistic Natural Health and Healing from the University of Natural Health, concentrating in educating and guiding people to recover their health via implementing healthful living practices.
- * The Consultant welcomes working in concert with medical doctors and registered nurses of the Client's choice.
- * The Consultant's ability to provide effective healing counseling services is dependent upon the completeness and depth of information provided by the Client and his/her medical doctor.
- * The Consultant requires that the Client promptly notify the Consultant of any great concern related to healing or illness symptoms, pains, or difficulties, if the Client deviates from the Consultant's guidance, if the Client is confused, and if the Client undergoes any kind of new or increased or decreased medical or non-medical treatment.
- * The Consultant's goal is to help the Client self-heal his/her illness condition and become healthier in a manner which is safe and comfortable.
- * The best healing results are realized via a complete rest of a duration which is dictated by the Client's physiological needs.
- * The Consultant can only work with the Client if his/her family and advising medical doctor support the approach advised by the Consultant.
- * The Consultant can only work with the Client if his/her goal is to make a safe, medically-approved transition off all "unnecessary" drug therapies as well as other non-recommended "healing remedies."
- * There is some risk in this and any detoxification program. In many "illnesses," the body is already in an accelerated detoxification mode due to an overload of disease-causing toxic matter in the body. In the process of completely eliminating this toxic matter under the Consultant's natural detoxification plan, increased symptoms are temporarily experienced by a small percentage of Clients. Also, detoxification causes every client to experience temporary weight loss, as toxic matter is eliminated. The Consultant strives to avoid detoxification problems. If detoxification symptoms including weight loss do begin to become extreme, the Consultant will recommend modifications to the Client's diet and self-healing program aiming to slow down the detoxification process to a safe and more comfortable pace. If at any time during the self-healing program when detoxification concerns cannot be quickly resolved, it is the Client's responsibility to obtain medical help as needed and to inform Johanna Zee of the situation.
- * The Consultant requires that the Client take full responsibility for his/her decisions and actions and communicate with the Consultant.

* The Consultant strives to help alleviate suffering and agrees to work in partnership with the Client, family members, and other care providers.

* The Consultant requires open and honest communication and always strives to give satisfying service.

* If the Client is dissatisfied with the Consultant's services and would like a refund, the Consultant requires that the Client kindly notify the Consultant of this in a timely manner for a full and final release.

The Client agrees to:

* Make a full commitment to implement the healing and health-building guidelines detailed in materials provided by or those recommended by the Consultant, and to make this natural health approach his/her lifestyle with the goal of realizing a life of disease-free wellness.

* Study recommended materials on a daily basis until the information is fully understood and implemented as routine, in order to allow his/her body to heal.

* Set up the consultations, confirm each one and make the phone calls.

* Pay the Consultant for all of her questionnaire review and evaluation work, education and counseling work on the day of all rendered services.

* Work no more than four hours per day and only if necessary and physically possible and if the work is low-stress, and take a sabbatical with complete rest as soon as possible.

* Furnish copies of blood chemistry tests made within the last six months. If blood tests have not been conducted within the previous four weeks, have a new full panel of tests made, and submit a copy of the report to the Consultant.

* Keep a daily diary with diet, activity, health symptoms and health condition details in an e-mailable or faxable format, and provide updated diaries to the Consultant prior to consultations. (This is required.)

* Take full responsibility for his/her decisions and actions.

* Take full responsibility and the initiative for determining if he/she needs medical attention, as the Consultant cannot make that determination since she is not a physician. The name(s) and phone number(s) of the Client's advising medical doctor(s) who the Client will contact if medical attention is needed is/are as follows:

* Continue his/her health education during and after the healing phase. Additional recommended health education materials are available via the Consultant or through Living Nutrition's Health Mastery Catalog and from the Living Nutrition Online Bookstore at <http://www.livingnutrition.com/bookstore.html>.

Client: please sign your name indicating your understanding and agreement:

Date _____