

CLIENT AGREEMENT AND B& P 2053.6 Disclosure

1. In accordance with California B&P Code 2053.6, I fully understand that Larry Permen, N.P., CTN:
 - (A) is not a California licensed physician or medical doctor, but is an Alternative and Complementary Health Practitioner, Vice President of Broadmoore Labs, Inc. No one affiliated with Broadmoore Labs, Inc. is a medical doctor;
 - (B) provides treatment that is alternative or complementary to healing arts services licensed by the State;
 - (C) provides services that are not licensed by the State, because the State of California DOES NOT license the services of nutritionists, traditional naturopaths, dieticians, other alternative and complementary healthcare professionals, nor does it consider them physicians. If I might have a medical problem, I am now being advised to seek medical advice from a licensed physician;
 - (D) provides alternative and complementary services (of a naturopathic nature) and/or nutritional advice and/or medical nutrition therapy per California B&P Codes 2053.5, 2053.6, 2068, and/or 2586;
 - (E) provides treatment based upon the naturopathic theory that the body can heal itself of just about anything if clear of toxins and if given proper nutrition, rest, mental outlook, and natural stimulation;
 - (F) has educational training including: a naturopathic diploma approved under CEC, Section 94915 from the California College of Natural Medicine (1999), which has authorization from the State of California and is accredited by the American Naturopathic Accreditation Board, Las Vegas, NV. He has studied Shiatsu acupressure, lymphatic detoxification, is an Enzyme Therapist and a Certified Homeopathic Practitioner. In addition, he is board certified as a Traditional Naturopath with the American Naturopathic Certification Board, Missoula, MT. He informally began his internship in this field in 1991 and has worked full time in this field since 1994.
2. I am here as a client, on this or any subsequent visit, solely in my own behalf, and not as an agent or representative for any government agency, health organization, etc. I personally agree to pay all your legal and other related expenses if this declaration on my part is not true.
3. I understand that this practitioner teaches clients how to build their own health through training in the use of lifestyle modification, pollution avoidance, clean air, water, foods/diet, rest, exercise, various herbal and other supplements, naturopathic manipulation, and other factors which may affect overall health and any experimental devices used do not have FDA approval.
4. I realize that services provided (which may or may not include examination of saliva, urine, reflex assessment, dietary practices, assessment of written and oral data I provide, naturopathic manipulation, etc.) are for naturopathic evaluations, and that no human being can know everything about health or naturopathy. Any evaluation or test is not medical in nature and is not approved by any branch of the government, medical profession, or dietetic association.
5. I understand that the use of reflex assessment will require that my wrists, hands, face, and other body parts may be touched, and by signing this agreement, I am consenting to this touching. Reflex assessment is believed by certain alternative practitioners to demonstrate vital life force energy (as defined by acupuncturists) and is NOT medical assessment. Reflexes with names which are the same or similar to health conditions are not medical assessments of those conditions. I understand that people have reported soreness after undergoing reflexes assessment and I will mention if I am getting sore.
6. I understand that this nutritional alternative and complementary health practitioner is dedicated to educating clients to help themselves to better health with emphasis on education and self-care. Agencies, considered as health authorities may not agree with alternative nutritional approaches where clients must shoulder responsibilities for their own health. Educating clients in alternative/complementary nutrition should be considered an inexact science with many variables. I understand that results from lifestyle changes are experimental (and may be tabulated in reports) and are not constant nor predictable.
7. I understand that nutritional approaches are not instantaneous and that reported improvement results are based on following recommendations for up to two months or more. I have provided you all my health information on the survey forms (and understand you will respect relevant privacy laws) and I will apprise you of any changes in my health status.
8. I understand that this office is not set up to directly handle credit or insurance processing and that I agree to pay collection costs, bank charges, finance charges at the maximum allowed by law, and associated costs if applicable.
9. I will not take any supplements that may be recommended until I have read the label and have determined that I have no allergies/objections/sensitivities to any of the ingredients. I also understand that homeopathic items often include sugar (sucrose/lactose) even though it is not listed on the label.
10. I have read, and I understand what is written above and my signature below shows I received a copy of this disclosure.

Date _____ Client Signature _____
(Parent/Guardian to sign if client is a minor)

Date of Birth _____