



www.CreateBalance.net

Contract of Authorization

Please Read Before Signing

I, *Jeannette Santino, PhD*, am not a physician or a psychologist and do not hold myself out as one. I am a Nutritional Counselor and Stress Reduction Instructor. I teach my clients a lifestyle of healthful living. For any medical problems it is important that you have seen your physician and have had any medical treatment completed or underway.

Here you will be trained in the effective and productive use of the principles of functional medicine such as: enzyme-active food, pure water, supplemental nutrition, and stress reduction.

In response to the above declaration, I agree that as a client of Jeannette Santino, PhD that I will seek medical advice for medical treatment whenever necessary. I acknowledge that nothing in the teachings of Jeannette Santino, PhD is for the purpose of diagnosing, treating, alleviating, mitigating, curing, or caring for a “disease”. I clearly understand that “diagnosis” or treatment of any kind for any “disease” is outside the scope and practice of Jeannette Santino, PhD. I also clearly understand that all of these teachings and methods are for the purpose of assisting myself and others to build and/or maintain physical and emotional health through the use of a natural dietary health program, natural hormone replacement and/or an emotional growth program when necessary.

I hereby authorize Jeannette Santino to act in my behalf concerning my health assessment through laboratory testing and evaluation. I specifically authorize her to perform for me a suggested Nutritional Program and/or Stress Reduction program.

Signature

Date

OATH OF CONFIDENTIALITY

All information concerning your physical and/or emotional health, be it past or present, will be held in strictest confidence. It will not be discussed with anyone without prior authorization.