

**Center for Natural Health & Optimal Wellness, LLC
Decatur, GA 30030
Office (706) 244-4948
Fax (404) 996-2725**

AUTHORIZATION FORM

I, _____, in affixing my signature to this treatment do thereby agree to and understand the following:

1. That Paul A. Dabney, is a natural health consultant who is legally able to instruct and educate others in self-help methods of health such as the use of proper exercise, diet, nutritional supplements, water, fresh air, rest, and attitude;
2. That Paul A. Dabney, in no context of the phrase “practices medicine” and therefore does not diagnose, prescribe, treat, heal, or otherwise perform a duty that is reserved for those who are licensed to do so;
3. That the instruction concerning a healthful lifestyle is incidental to any particular illnesses and diseases I may have and is therefore not made in direct references to these;
4. Any healing of illnesses or diseases I may experience as a result of following the instruction of Paul A. Dabney, was purely the result of the body itself once a naturally correct way of living was employed, for it is only the body that heals itself, not any person;
5. That no claims or guarantees have been made as to any health benefits that may result from my following the instruction given by Paul A. Dabney, concerning a naturally correct way of living;
6. That the instruction given by Paul A. Dabney, in no way replaces proper medical care, and that I am free to choose a naturally right lifestyle;
7. That under penalty of perjury I am not an agent of any branch of the federal, state, or local government for any agency thereof, with intent to entrap or entice Paul A. Dabney, his staff, employees, and/ or associates into breaking any federal, state, or local law whatsoever, acting either on my own behalf or on behalf of the agency of the government or behalf of any government agency directly;

Signed _____
Date _____

Paul A. Dabney, N.M.D., M.P.H., M.Ed., Naturopathic and Integrative Medicine Consultant

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**PERMISSION & AUTHORIZATION FORM REGARDING THE
RECOMMENDATION OF SPECIFIC MEDICAL TESTS, REVIEWING
MEDICAL HISTORY AND /OR DEVELOPING NUTRITIONAL HEALTH
PLAN**

PLEASE READ BEFORE SIGNING

I specifically authorize Paul A. Dabney, N.M.D., M.P.H., M.Ed., a non-licensed Naturopathic and Integrative Medicine Consultant, to recommend specific testings, review medical history and/ or developing nutritional health plan for me that may include dietary guidelines, nutritional supplements, ect., in order to assist me in improving my health **and not for the treatment or “cure” of any disease.**

I understand that nutritional determination testing is safe, non-invasive and uses natural methods of analyzing the body’s physical and nutritional needs, and that deficiencies or imbalances in these areas could cause or contribute to various health problems.

I understand that nutritional determination testing(s) is / are not methods for “diagnosing” or the “treatment” of any disease or medical condition.

No promise or guarantee has been made regarding the results of any tests or any natural health, nutritional or dietary recommended, but rather I understand that these tests are ways by which the body’s responses can be used as an aid to determine possible nutritional imbalances, so that safe, natural programs can be developed for the purpose of bringing about a better state of health.

I have read and understand the forgoing. This permission form applies to subsequent visits and consultations.

Print Name _____

Address _____

City _____ State _____ Zip code _____

Home phone _____

Cell phone _____

Signed _____ Date _____

(If minor, signature of parent or guardian required)