



AutumnTide
Herbal Wellness

INFORMED CONSENT

I understand that only a physician (MD) can diagnose, treat, and prescribe medicine for illness or disease. I understand that Barbara is not a medical professional and cannot give medical advice. As an herbalist, and not a physician, Barbara neither diagnoses nor treats disease, but recommends herbs, dietary and/or lifestyle modifications and other modalities to help the body-mind to achieve optimal wellbeing. Any mention to named diseases is referenced as a part of the overall assessment and condition of the client, it is not a medical diagnosis.

I understand that at the present time, there is no licensing or legal standard for herbalists practicing in the United States. All nutritional supplements, herbs, extracts, etc. are taken at my own risk. As with any ingested substance, allergic reaction is a possibility in some individuals. I have been informed of the risks and consequences involved. I agree that I and my heirs, guardians, legal representatives and assigns will not make a claim or file any action against Barbara I. Scavotto, and/or AutumnTide Herbals, for injury or damage resulting from negligence or other acts, howsoever, caused in connection with my consultation. I hereby waive, release and discharge Barbara I. Scavotto from all actions, claims, demands I, my heirs, guardians, legal representatives or assigns, now have, or may hereafter have for injury or damage resulting from my consultation. I also understand that Barbara I. Scavotto (and AutumnTide Herbals) will not be held responsible for errors/ingredients on the part of any manufacturer or supplier of products sold here or elsewhere.

Policies and Procedures: Please note that any cancellations with less than 24 hours notice will result in a \$20 cancellation fee. After two occurrences, you will be required to pay your office visit fee in advance, and it will be non-refundable in the event of cancellation.

Please sign below once you have read, understood and agree to the above statement:

Name (print) _____ Date: _____

Signature _____

Signature of Parent or Guardian _____