

*Contract Of Authorization In The Health Analysis & Evaluation*

Read Carefully Before Signing:

I hereby authorize the Health Counselor, Joseph M. Allen, to act in my behalf concerning the Health Analysis & Evaluation. I authorize him to perform a Health Analysis & Evaluation and to develop for me a suggested Health Program, including any dietary changes.

I recognize that the Health Analysis & Evaluation and the suggested Health Program is not approved by the medical profession, or the Food and Drug Administration, although it has not been rejected.

I acknowledge that the Health Analysis is not a diagnosis or treatment of any disease of any kind. I reserve the right to use the knowledge I gain in the care of my own body in any legal manner I choose.

I hereby attest and affirm that I am here as a client and student, on this and any subsequent visit, solely on my own behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Status Form*

I, Joseph M. Allen, am not a physician or psychologist and do not present myself as one. I am a Metaphysical Practitioner, Minister and a Natural Health Consultant. As my client, you will be educated in a holistic lifestyle of healthful living. This lifestyle is not a substitute for medical treatment. For any medical problem it is important that you see your physician.

Please Read Carefully and Sign:

I agree that I will always seek professional medical advice for medical treatment. I am here to learn the effective use of Natural Health in my daily life. Joseph M. Allen does not teach or use any methods for the purpose of diagnosing or treating disease in any way. I recognize that Natural Health and Metaphysical Science is a religious science of health.

I have also received a copy of the HIPPA form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date