

**Julia Hennig  
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DISCLOSURE / INFORMED CONSENT FORM

I hereby attest to the following:

I fully understand that Julia Hennig is not a licensed medical doctor, does not diagnose or treat disease, and that I am not here for medical, diagnostic or treatment procedures.

The services performed by Julia Hennig, whether in person, by mail, phone or skype, are at all times restricted to consultation on the subject of wellness and health assessment. The services are solely intended to provide me with recourses to use to promote my own health and well-being. Her services do not involve diagnosing, treatment, or prescription of remedies for treatment of disease.

I fully understand that it is my constitutional right to decide how I wish to care for my health. Julia Hennig has not suggested that I cease current medical care I am receiving, be it drug therapy, x-ray treatments, chemotherapy, surgery, or any other medical procedures that my medical doctor or any other health practitioner deems necessary for my health. If I choose not to follow the recommendations made by my medical doctor or other practitioners, I understand that such a decision is my responsibility and will not hold any other person responsible for any consequences of such a decision.

I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for federal, state or local government agencies on a mission of entrapment or investigation.

I understand that all information discussed will be kept strictly confidential.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_