**Disclaimer of Liability**

Karen Bretz CCWFN is not a physician or psychologist, and the scope of her consultation services does not include treatment or diagnosis of specific illnesses or disorders. If you, the client, suspect you may have an ailment or illness that may require medical attention, then you are encouraged to consult with a licensed medical physician without delay. Only a licensed medical physician can prescribe drugs. Any mention of drugs in the course of consultation is only for the purpose of providing a complete history of drugs that the client is taking and not for Karen Bretz to judge the appropriateness of the medication. Any change in prescription or dosage is a decision the client makes with his or her medical physician.

Rather than dealing with treatment of disease, Karen Bretz focuses on wellness and prevention of illness through the use of non-toxic, natural nutritional therapies to attempt to achieve optimal health. As a certified clinical nutritionist and functional medicine specialist, Karen Bretz primarily educates and motivates clients to assume more personal responsibility for their health by adopting a healthy attitude, lifestyle, and diet.

While people generally experience greater health and wellness as a result of embracing a healthier attitude, lifestyle, and diet, Karen Bretz does not promise or guarantee protection from future illness.

By signing below, you acknowledge that you understand that Karen Bretz is a health consultant and not a physician, and that you should see a doctor if you think you have a medical condition. Karen Bretz will not be held liable for failure to diagnose or treat an illness, nor will she be liable for failure to prevent future illness.

Additionally, you promise to give Karen Bretz a complete and accurate account of any medical conditions that you may have and any medications that you are taking.

Any diagnostic testing ordered by Karen Bretz including but not limited to blood work and saliva testing, must be shared with your Primary Care Physician for their appraisal.

Client’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_