

Agreement and Disclosure with: Michael Marcel Turcotte -Certified Licensed Natural Healthcare Provider

____ I understand Michael Turcotte is a Certified and Licensed Natural Health Professional and he is qualified to teach and encourage me as I learn to improve my current condition(s) and improve the quality of my life through his experience.

____ I understand Michael Turcotte is a a Licensed Spiritual Christian Healer qualified to help me yield and accept divine healing in my being, spiritually, emotionally, mentally and physically according to my faith and beliefs.

____ I understand Michael Turcotte is a Nationally Certified in Structural Neuromuscular Techniques to help correct my posture, manage my pain, de-stress, detoxify my body from the toxic pollutants I unintentionally absorb, drink, eat or inhale and help me improve my peak performance that will help me to help myself enhance the quality of my life.

____ I understand that Michael Turcotte he has the following training and/or certifications and/or studies and/or background as Functional Medicine Practices, Pastoral Healthcare Practices, Applied kinesiology, Biological Terrain assessments, Nutritional / Herbal counseling, Structural Therapies, Lymphatic Therapies. I understand these methods of natural healing can help me detox my body from toxic pollutants I unintentionally absorb, drink, eat or inhale and help me manage my stress, pain and help me to experience true wellness throughout my being.

____ I understand that Pastoral Medical Association gives licenses to health and wellness professionals authorizing them to analyze, assess, evaluate, examine and investigate their patients to determine what's imbalanced within their systems and or environments and thus contributing to their condition(s). This license also authorizes them to advise, caution, counsel, guide, recommend and suggest products and or services, interventions, remedies and treatments to address conditions and drugless solutions.

____ I understand that Michael Turcotte has NO conventional medical background and is not a medical doctor or medical professional.

____ I understand that Michael Turcotte will refer me to a properly licensed medical professional if I need -- or if I feel I need -- a specialist to diagnose, treat, counsel or cure me of anything.

____ I understand that Michael Turcotte provides both Holistic Functional Medicine services and that he also provides Structural Therapy Services. I, the client, can distinguish between Holistic Functional Medicine services and Structural Therapy Services and that I have decided what services I am requesting.

____ I understand that information that I may be provided is presented for educational purposes only. It is not intended as a substitute for the diagnosis, treatment and advice of a qualified, licensed, medical professional. If I have, or have reason to suspect that I may have a medical problem, I will contact my health care provider immediately. I will never disregard professional medical advice or delay seeking professional advice because of something I have read or heard this office.

____ I understand that information and statements regarding dietary supplements, medications, surgical procedures, and therapies may not necessarily have been evaluated by the Food and Drug Administration and that no products, service or information are NOT intended as diagnosis, prescription, or treatment for any disease, physical or mental.

____ I understand the use of natural solutions and or services and or products may help me improve the quality of my life. I also understand that human response to these named may vary from person to person and are not absolute predictable because of each individuals unique circumstances, unique chemistry, make up and the intent of how they will be used.

____ I understand the natural therapies offered by Michael Turcotte are not a substitute for effective standard chiropractic, dental, medical, mental health counseling, or psychotherapy treatment for me or veterinary treatment for my pet. I intend to remain under the care of my primary care physician.

____ I understand that all healing can cause some minor discomfort otherwise know as a "Healing Crisis", and adverse side effect could occur through no fault of myself or Michael Turcotte

____ I understand the responsibility of my health belongs to me. I will advise Michael Turcotte of anything that could help us work together better so I may achieve the healing that I seek.

____ I understand that any information about me, whether I explicitly share it with Michael Turcotte he discovers it on his own and my identity, will be kept in the strictest of confidence, except when released by me in writing or as required by law.

____ I, the undersigned, request that Michael Turcotte perform an evaluation, analysis, or interview and set up a program or have sessions for the purpose of supporting and balancing my body or enhancing my wellness, or for the purpose of my education.

Initial each above and Sign and date here: _____