



HILL COUNTRY INTENTIONAL HEALING

## MEDICAL DISCLAIMER

I, \_\_\_\_\_, am consulting with Hill Country Intentional Healing to gain information on health and wellness applications in my life. I understand that Paige Ryan is not a mental health professional or physician and does not dispense medical advice, prescribe treatment nor recommend discontinuing any medications prescribed by my doctor. Rather, she provides information to enhance my knowledge of how nutritious foods, herbs, supplements, physical activity, and lifestyle can affect my health.

The methods of evaluation employed on my behalf, which may include but are not limited to diet, supplementation, nutrient analysis, assessments, energy work, hands on techniques such as muscle testing, and lifestyle recommendations are not intended to diagnose or treat disease. I specifically authorized the use of such assessments, which will be discussed during the consult, to help develop an appropriate dietary and health supporting program for me, and to monitor my progress towards achieving my health goals.

These services are not a substitute for medical care, and do not claim to diagnose, treat, or alleviate disease. Additionally, I understand I will need to consult with a medical physician or other licensed healing practitioner for the medical diagnosis and treatment of disease.

*Please initial the following:*

\_\_\_\_\_ I am acting fully on my own behalf. I do not represent any other person, entity, and/or governmental agency.

\_\_\_\_\_ I must provide at least 24 hours advanced notice to reschedule or cancel session in order to avoid being charge the full cost of the session or losing a session from your package. Cancellations or rescheduling may be provided via phone or email.

\_\_\_\_\_ All packages purchase must be used within a six-month time frame from the day of initial booking.

\_\_\_\_\_ Unused package sessions are not eligible for refund.

Hill Country Intentionally Healing will maintain privacy practices in compliance with HIPPA and will not divulge any privileged information without consent.

By filling out the form below, I acknowledge that I have read the above text and its entirety, and I agreed to its terms:

\_\_\_\_\_  
Signature of participant or legal guardian if under 18 years of age

\_\_\_\_\_  
Date

We will not sell or share your personal information with any party outside of HCI Healing without your consent.