

Client/Consultant Agreement

My responsibility as a registered Holistic Practitioner (the undersigned) is to work with you as a team to access the knowledge your body already has and to determine the steps that need to be taken so that you can attain your full potential and optimal health. It is not my intention or responsibility to diagnose or prescribe. Therefore, I am not a replacement for your regular medical attention such as visits to your family doctor, etc.

Date

Monica Hirai,
Registered Holistic Practitioner, NHPC #3812

As the undersigned, I have read and fully understand the above and I accept full responsibility for my own health and welfare. Monica Hirai has made the conditions of this contract very clear to me and I give my permission to work as a team with Monica Hirai using auricular testing and other natural methods in order to create the optimal wellness programs for me. Monica Hirai is also helping me with natural hygiene at my own request (for those having colonics.)

I recognize it is of my own free will/choice to follow the suggested program. I hereby waive and absolve Monica Hirai from any claims or breach of this contract. I have read this waiver and I understand and agree with the above statements.

I also agree to the cancellation policy of this clinic, namely that the full fee will be charged for missed appointments and a half-fee will be charged for appointments cancelled with less than 24 hours' notice. Exceptions may be made at the discretion of Monica Hirai.

Date

Client Signature

A parent or legal guardian must sign for clients under 18 years of age.

Name: Please print full name

Address

Postal Code:

Phone: