



Johanna L. Mark, CHHP
Holistic Blooms, LLC

Patient Informed Consent Statement

I, _____ hereby attest and agree to the following:

- 1) Fully understand that Johanna L. Mark is a lay natural health advisor who deals strictly in helping people to improve their general health and wellness through better food choices, improved lifestyle, good health habits, and positive mental attitudes.
- 2) I fully understand that Johanna L. Mark is not a licensed physician and cannot diagnose diseases, prescribe drugs or recommend treatments for specific disease conditions.
- 3) I understand that all observations made, or evaluation/analysis performed by Johanna L. Mark or her representatives are designed to evaluate my inherent constitution and temperament for the sole purpose of educating me and helping me to improve my general health through food choices, habits, and attitudes. I further understand that said observations or evaluations cannot determine specific disease conditions I may have and do not replace the diagnostic services offered by licensed physicians.
- 4) I understand that Johanna L. Mark neither claims nor implies that any instruction, advice, counsel, suggestions, recommendations, services, or products she or her representatives provide, whether in person, by mail, email, text, or telephone, will cure, treat, prevent, or mitigate any disease condition; but are provided solely for the purpose of increasing energy, supporting the natural function of the body systems, otherwise, striving to improve my general health and wellness.
- 5) I certify that Johanna L. Mark or her representatives have not suggested that I cease any medical care I may be undertaking. I understand that the decisions I make regarding my health care and the health care of those under my guardianship are my responsibility and certify that I will not hold Johanna L. Mark or her representatives responsible for the consequences of my decisions.
- 6) I certify that I am here on this and on any subsequent visit or contact, whether by mail, email, text, or telephone, or in person, solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency on a mission of investigation.

I have read and understand the foregoing and agree to the terms and conditions set herein.

Date: _____ Referred by: _____

Client Signature: _____