**Integrative Center for Healing**

**Disclosure Statement**

At Integrative Center of Healing our purpose is to provide services related to help the whole person re-establish balance through removing obstacles to health and encouraging the body’s natural healing processes.

While Doctor’s of Integrative Medicine (I-MD) are licensed practitioners, New York State does not yet offer licensure for Integrative Medicine Practitioners. Consequently, in this practice Kimberly Zedalis, IMD, does not function as a physician, diagnose or treat disease, nor does her service(s) replace the necessary services of a licensed physician.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a mature adult have read the disclosure statement and understand the limits of these services.

I voluntarily seek these services for myself or legal ward, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(If relevant, please print your child or ward’s name)

I assume full responsibility for this decision.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_