



## CLIENT STATEMENT OF UNDERSTANDING

I understand that **Simone V. Cameron** is an Ayurvedic Consultant and Educator who provides me with information on the Holistic approach to health care, which may affect my diet and health in a positive way. I understand that **Simone V. Cameron** is not a medical doctor or licensed medical practitioner, has not presented herself as such, and does not seek to diagnose, treat or prescribe for disease, disorder or other pathological conditions. I agree that I am interested in enhancing my own abilities to heal and establish health in mind and body, and this is the reason I have sought these consulting services. I agree that I may consult a licensed physician for any concern, at any time, about any disease or pathology, which now exists or arises at any time during my professional relationship with **Simone V. Cameron**.

Furthermore, I understand that **Simone V. Cameron** encourages regular medical checkups from a licensed medical professional of my choice, and that any medication that I am now taking upon my licensed physician's advice, or will take in the future, is taken strictly according to my licensed physician's directions. Furthermore, I agree that only a licensed physician of my choice can advise on medication dosages or the discontinuance or resumption of such medication.

***My signature below acknowledges the above statements as fully read and understood.***

Client's signature \_\_\_\_\_

Date \_\_\_\_\_