

Consent Form

I _____, certify that **Stacey Simone, Dipl. Ac., L.Ac.** does not claim to cure any illness or disease with NAET® (Nambudripad’s Allergy Elimination Techniques).

I understand that NAET is not a medical diagnostic procedure and therefore does not diagnose a disease. Rather, NAET® gives the practitioner an indication as to the substance(s) to which the patient may have a sensitivity. NAET® uses various, standard medically proven diagnostic measures and modalities (Allopathic, chiropractic, kinesiology, and acupuncture) to diagnose the patient’s condition. The premise behind NAET® is to balance energy of the individual patient to a substance(s) using NAET® (this procedure uses information from allopathic, chiropractic, acupuncture/acupressure, nutritional, and applied kinesiology) so that the patient may not experience hypersensitive symptoms when they have future contact with the.

I understand that I am (my dependent) to continue all medications and other treatment modalities as they have prescribed unless otherwise directed by the doctor who prescribed them. During the 25 hours of NAET® energy balancing procedure (EBP) if I (my dependent) get a life-threatening reaction from the allergen I (my dependent) was desensitized by balancing my energy (or my ward’s) through NAET® earlier or from some other sources, I need to seek emergency help immediately from a physician qualified in emergency care, or by calling 911 or attending an emergency room at the local hospital. If I (my dependent) am suffering from severe allergic reactions to substances, I should consult an appropriate physician and take appropriate medication (such as medication to prevent itching, tissue swelling, fever, asthma, cough, pains, infections, mental irritability, violent behaviors, etc.) to keep my (my dependent’s) symptoms under control while I (my dependent) am going through NAET® energy balancing procedures (EBP). This way NAET® program can be satisfactorily completed on the basic allergens without interruption and once I (my dependent) complete NAET® for my (my dependent’s) condition, I (my dependent) may experience reduction of my allergic symptoms and improved quality of life.

I understand that for 25 hours after the NAET®, I (my dependent) am to avoid eating, touching, breathing and coming within 5 feet or more as it was instructed by my practitioner of the substance(s) that I (my dependent) have received NAET® for. If I (my dependent) come in contact with the substance(s) for which I (my dependent) am being energy balanced, I realize that the NAET® may not work and I (my dependent) may have a sensitivity reaction.

I understand that I (my dependent) must return after 25 hours of avoidance period preferably within 24 hours but at least within 7 days, to determine if I (my dependent) have cleared for the substance(s). I fully understand that (my dependent) may still experience a reaction to the substance(s) of unknown severity if I (my dependent) come in contact with them if I (my dependent) did not clear them completely. If I (my dependent) did not clear them completely, I (my dependent) may require to repeat the procedure (more office visits at my cost) until I (my dependent) clear them satisfactorily.

After the successful completion of my NAET® program I give permission to my doctors/practitioner to use my (my ward’s) case study in educating other similar patients or accumulating data for research purpose without disclosing my real name or address. I give permission to take photograph of my (my ward’s) diseased body part (e.g. in case of skin problem, etc.) to use in research or patient education purpose without disclosing my real name or address.

I have read or have had read to me the above statements and have had the opportunity to ask questions about its content and by signing below I agree to the terms and procedures.

Patient’s Signature

Date

Name of the Minor

Relationship

Signature of Witness

Date