

Disclosure Statement

I understand that the service Robin Manning Ph.D. is to provide nutritional support and / or Spiritual. Her aim is to assist clients seeking alternative solutions for their health concerns and daily conflicts.

Hopefully with her guidance they will be on a fresh road to recovery, peace of mind and total wellness.

I understand that any care given by Dr. Manning is not a treatment for a specific disease, rather that the care is preventative in nature, designed to improve my health or condition.

While many people feel the understanding, support and consultations can help them eliminate their emotional conflicts.

Some may need to seek the services of a licensed Medical Doctor, psychologist or therapist.

In this practice Dr. Manning does not function as a licensed MD, psychologist or psychiatrist. She does refer out when needed.

I understand there is no guarantee expressed or implied concerning the outcome of any recommendations suggested and I acknowledge that Dr. Manning has answered and addressed any and all of my questions to my full satisfaction including any possible negative outcomes and what I should do if I was to experience any.

I understand Dr. Manning spends one to two hours with and or preparing for each client, therefore a 24 hour cancellation policy is important to abide by and as a client I agree to pay a reasonable fee of 50.00 if an appointment is not canceled within 24 hours.

I _____ have read this disclosure statement and fully understand the limitations of Dr. Manning services and assume responsibility for this decision.

Date _____

Print Name _____