

Blue Lotus Healing Center

Appointment, Cancellation and Payment Summary and Agreement

No-Show Policy

No shows and cancellations with less than 2 weekdays' notice are a significant problem for our personal/intimate practice. We feel that charging for no-shows is the best fit for our practice. We are respectful of our clients and their scheduled time with us and we appreciate your reciprocation in this matter.

Appointments

A 48-hour notice is required for any rescheduled appointments. Phone, Square Appointments and in person are acceptable. Facebook, email, or any other form of communication is not acceptable for appointment management.

Credit Card info on file

Keeping your credit or debit card on file is a convenient method of payment for the services for which you are responsible. Your credit card information is kept confidential and secure. I acknowledge this and authorize Blue Lotus Healing Center to charge my credit/debit card for any and all charges I may incur.

X _____

Print Name: _____ **Date:** _____

Blue Lotus Healing Center, LLC

Welcome to Blue Lotus Healing Center, LLC (BLHC). Your Ayurvedic evaluation will be done by David Jameson. David Jameson is NOT A LICENSED PHYSICIAN OR MEDICAL DOCTOR, nor is Ayurveda services licensed in the United States or Canada. Ayurveda is the 5,000-year-old wisdom of healthy living. It is a way of natural healing and emphasizes maintaining the harmony of body-mind-spirit through food, lifestyle and natural herbs. In Ayurveda the emphasis is not on disease but on maintaining the balance of the individual's constitutional nature, so Ayurvedic therapies are never one size fits all, but custom tailored for each individual. As practitioners of Ayurveda we will provide you assessments and recommendations in the following areas:

- Constitutional Analysis
- Food and lifestyle
- Exercise
- Yogic practices
- Herbal dietary therapeutics
- Ayurvedic specific therapies
- Ayurvedic Panchakarma Therapies and Programs
- Therapeutic Pranayama (Breathing)

Our method of therapies in Ayurveda is alternative or complementary to conventional medicine. If you ever have any concerns about the nature of your therapy, please feel free to discuss them with us. We recommend that you inform your medical doctor that you are receiving Ayurvedic therapies. Your consultation will be with David Jameson and BLHC.

I have read and understood the above disclosure about the Ayurvedic therapies offered by David Jameson and Blue Lotus Healing Center, LLC. I understand the nature of the services to be provided. I understand that David Jameson is NOT A LICENSED PHYSICIAN OF MEDICAL DOCTOR and that Ayurvedic services are NOT LICENSED by state although they are legal. I understand it is my responsibility to maintain a relationship with my medical doctor. I have consented to use the services offered by David Jameson and BLHC.

HEALTH CARE CONSULTATION AGREEMENT AND LIABILITY WAIVER/RELEASE CLIENT REQUEST AND AUTHORIZATION INFORMED CONSENT

****Please Read Carefully****

I, _____, the undersigned, request and consent to an Ayurveda consultation or other therapy listed or not listed above but offered by BLHC and/or David Jameson a Registered Ayurvedic Lifestyle Consultant, Certified Holistic Health Practitioner and Doctor of Natural Medicine candidate for the purposes of education and consultation. I understand that David Jameson is NOT A LICENSED MEDICAL DOCTOR OR PHYSICIAN IN THE UNITED STATES OF AMERICAN AND IS NOT LICENSED TO DIAGNOSE, TREAT OR CURE DISEASE OR MEDICAL CONDITIONS. ANY CONSULTATIONS WITH DAVID JAMESON ARE NOT A SUBSTITUTE FOR MEDICAL EXAMINATION, DIAGNOSIS AND TREATMENT FOR ANY DISEASE, MENTAL OR PHYSICAL.

David Jameson may be able to help in my management of my health, and may recommend various things for me to consider in the management of my health and energy. David Jameson may assist me in learning the differences between medical diseases and the balancing of life energy, which deals with health factors that are within my own control. I may elect to consult a physician prior to seeing David Jameson, work with a physician concurrently with David Jameson, or I may decide that my concern about medical conditions does not call for seeing a physician at this time.

I understand that I am seeking an educational experience rather than a personal diagnosis of any disease or malady. If this educational experience is being provided as part of a seminar on the teaching of the principles of Ayurvedic practice, it may involve an examination, an assessment/evaluation of me and a demonstration of how Ayurvedic practices would be used to make an evaluation. In this experience, I may learn of conditions which would be part of any Ayurvedic evaluation and may hear of the healing remedies that an Ayurvedic specialist or practitioner would use to evaluate these conditions. If I choose to use the ideas from the demonstration, I understand and acknowledge that is my choice to first present the ideas to a licensed health care provider and obtain his or her evaluation of the efficacy of the approach I wish to use.

I am aware that people may develop pathological conditions (i.e., illness, injury and/or disease) when natural resistance or immunities may be lowered as result of energy and health imbalances persisting for extended periods. However, I am aware that an energy or health imbalance does not necessarily create or reveal the existence of a medical condition. I am aware that recovery from an illness or injury may be facilitated by balancing vital energy, but I am also aware that there may be no way to assure that this effect may occur. I certify that I am not seeing David Jameson for treatment of any physical infirmity or chronic ailment or injury, and that I am seeing David Jameson/BLHC to help manage and strengthen my general health and vital energy. David Jameson and BLHC do not recommend the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.

_____, Initial

I acknowledge that I have voluntarily requested a consultation with David Jameson and BLHC. I understand that David Jameson has studied Ayurveda for several years and carries the following credentials as of 11/1/2016: Certified Holistic Health Practitioner, Registered Ayurvedic Lifestyle, Consultant, Doctor of Natural Medicine Candidate. I understand that David Jameson will be travelling to India for further Ayurvedic education and is enrolled to become a Doctor of Ayurveda. I also acknowledge that David Jameson is not a board licensed medical doctor in the state of Michigan.

I further understand that I am accepted for participation in this consultation and future consultations with David Jameson based on the representations and agreements made by me and set forth below:

1. I understand that Ayurvedic medicine is currently unregulated in the United States of America. Thus, no license is required for an Ayurvedic practitioner/physician to practice.
2. I fully understand that the sole purpose of this Ayurvedic/Wellness consultation is for David Jameson to assess the level of balance in my physiology per the principles of Ayurveda and to educate me on the Ayurvedic approach to enlivening the body's natural healing process and restore balance.
3. I also hereby request and consent to the recommended Ayurvedic dietary supplements, dietary changes and lifestyle changes including various modes of Ayurvedic therapies.
4. I understand that this consultation and ANY RECOMMENDATIONS ARE NOT A SUBSTITUTE FOR MEDICAL EXAMINATION, DIAGNOSIS AND TREATMENT FOR ANY DISEASE, MENTAL OR PHYSICAL.
5. I further understand that I will not modify or suspend any treatment program that I am currently undergoing without the knowledge and approval of my health care professional and/or specialist.
6. Ayurvedic dietary supplements have not been evaluated by the US FDA and are not intended to treat, cure, prevent or diagnose a disease. However, they have been used in India for over 5,000 years and are generally considered safe and effective.
7. I understand that any herbal food supplements recommended for me are not drugs. I understand that some herbal dietary supplements may interact with some allopathic medications and I will consult with my physician before taking any herbal food supplements.
8. I further understand that as with drugs, vitamin and mineral supplements, Ayurvedic dietary supplements may exhibit some side effects in certain sensitive individuals, may interact with certain allopathic medications, or may show symptoms due to certain pre-existing disease conditions. I do not expect David Jameson to be able to anticipate and explain all risks and complications; I wish to rely on David Jameson to exercise judgement in recommending the dietary supplements that he determines are in my best interest based on facts known.
9. I understand that my health and my healing process require my active participation and are my own personal responsibility.

In consideration of my consultation with David Jameson and BLHC I agree that I (or my heirs, guardians, legal representatives and assigns) will not make a claim or file an action against David Jameson or Blue Lotus Healing Center, LLC for injury or damage resulting from negligence or other acts howsoever caused in connection with my consultation with David Jameson and BLHC or for claims or actions made or brought on behalf of me or my child in connection with David Jameson and BLHC.

In addition, I hereby waive, release and discharge David Jameson and BLHC from all actions, claims or demands that I, my heirs, guardians, legal representatives or assigns, now have, or may hereafter have for injury or damages resulting from my participation in my consultations with David Jameson and BLHC.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF POTENTIAL LIABILITY AND A CONTRACT BETWEEN ME, DAVID JAMESON AND BLUE LOTUS HEALING CENTER, LLC., AND OR ITS AFFILIATED ORGANIZATIONS, AND I SIGN OF MY OWN FREE WILL.

I have read, or had read to me, the above consent. By signing below, I agree to the Ayurvedic health care given to me by David Jameson and Blue Lotus Healing Center, LLC. I intend for this consent form to cover the entire course of treatment for my present imbalance and for any future condition(s) for which I seek Ayurvedic therapy and wellness. I hereby release David Jameson and BLHC from all liabilities whole and in part that may arise from this consultation, future consultations and all therapies.

Signature _____ Date _____

Print Name _____ Phone _____

Address _____ Email _____

Blue Lotus Healing Center, LLC

Policies

Blue Lotus Healing Center, LLC (BLHC) is an educational wellness service that provides education and consultation to individuals regarding holistic health. Implementation of any educational material is 100% the decision of the individual. BLHC implies no guarantees and makes no claims. BLHC consults and educates the individual on how they may personally take responsibility for their own health if they so choose. Adherence to any consultation or education is 100% the responsibility of the individual. BLHC and its practitioners do not diagnose or treat disease.

Health Disclaimer

All health and health related information discussed within the BLHC consultation is intended to be general in nature and should not be used as a substitute for medical treatment. The individual is 100% responsible for communicating with all parties involved including their own family practitioner.

Financial Obligation

All payments are to be made in full and in advance. Payment plans may or may not be available. Any missed appointments will be counted as a consultation and will be deducted (or billed) as one. A 48 business hour notice is required for any cancellation. Official cancellations and changes are accepted via phone or in person only. Any missed consults will be billed at full rate and charged to the card on record the day of the scheduled appointment. All fees must be paid in full prior to booking any new appointments. There are no refunds on programs after 7 days. No refunds on individual consults. No refunds on any product.

Initial

By signing below, I acknowledge that I have read and understand the policies, health disclaimer and financial obligations. I also understand my responsibilities as a client of BLHC and hereby release BLHC, its employees, officers and associates from any responsibility due to my own personal action and/or inaction.

Sign _____

Date: _____

Print Name: _____

Credit/Debit Info:

Type: Visa MC AMEX Discover Other: _____

Number: _____ - _____ - _____

Expiration: _____/____ Security Code: _____ Billing Zip Code: _____

Blue Lotus Healing Center, LLC:

Date: _____