

Natural HEALTH and WELLNESS of New England



Client Information and Release Form

The information provided herein is for Educational Purposes Only and has not been designed to diagnose, treat, mitigate, prevent or cure any health conditions. Please consult a qualified Health Care Professional to diagnose your health conditions and avoid self-diagnosis. The U.S. Food and Drug Administration has not evaluated statements about Ondamed. To further comply with FDA requirements we need to inform you that the fact that a lot of people have had significant results does not guarantee that you will have the same results. Also, if you have a serious medical condition, the use of this technology should not replace any competent medical advice you are currently receiving. Our experiences have been that most people will use this technology while continuing to visit their usual, normal medical professionals.

We do not claim to cure anything. The Ondamed provides a medium for a therapeutic experience that also seems to have, among other things, the effect of strengthening the immune system, clearing blocked bodily energy patterns, which have been shown to help activate the body's own ability to heal and regulate itself in mind body and spirit.

The ONDAMED device is a CE certified medical device, and meets the Quality Assurance System set forth by the European Certification Society for Medical Equipment for the scope of: System Regulation by means of Electromagnetic Impulse Frequencies. Binder GmbH, the founder and manufacturer of Ondamed devices, undergoes annual CE audits according to the Quality Assurance Council Directive 93/42/EEC.

In the United States, ONDAMED is considered to be an electromagnetic impulse frequency device registered with the FDA as a class II 510K device. **The ONDAMED Biofeedback System has been officially recognized and approved by the FDA Investigational Review Board (IRB) as a “Non-Invasive Secondary Therapeutic Device for Pain Relief.”** What Ondamed does is to allow the practitioner to analyze and detect subtle energy imbalances in the client's body by using a pulse feedback method. These imbalances in the body may be related to the complaints and pains being expressed by the client or they may be present and yet unknown to the client. Once the imbalance is discovered, the practitioner may choose one of the 174 Ondamed preset programs, specific client frequencies or microorganism specific frequencies. These programs provide gentle, non-threatening low frequencies that are not harmful but which affect aspects of the human physiology, which can be associated with human disease.

I, _____, have read the above Client Information and Release Form, and I understand that with natural healing modalities I may experience an initial increase in symptoms, or what is known as a healing crisis. This can last from 1 to 4 days and can be similar to flu or cold symptoms e.g. headache, fever, body ache etc. This is recognized as part of the healing process and is considered to be a positive sign that Ondamed is working.

I agree not to hold any Natural Health and Wellness of New England Practitioner liable for any activities associated with the use of the frequency devices offered. The Practitioner is responsible for following the guidelines in the Users Manuals so as to provide the accurate service that the frequency device is capable of providing.

I acknowledge that I have been told of the possible risks and reactions, if any, involved with the frequency systems, and I have been given satisfactory answers to my questions concerning these procedures and related matters without prejudice.

I have read this informed consent and understand it. I am not a minor (under 18 years old). I am here today, and on subsequent visits, on my own behalf, and do hereby consent to the unlimited use of Ondamed on my person.

I further acknowledge that I am fully aware that my Ondamed Practitioner is not a licensed medical practitioner, but, rather, is a Certified Ondamed Practitioner. I acknowledge that s/he has not made any promises of any kind to diagnose, treat, cure, or otherwise address any medical issues I might be undergoing. Rather, I have consented to experiment using the Ondamed on me to try to duplicate the successes that have occurred in prior use on others, realizing, however, that every person reacts differently and individually, and that these devices might not have any success on me.

I make the above statements of my own free will, and under no duress of any kind.

It is also advised that you **drink at minimum 8 oz of water following each session.**

Name: _____

Signature

Date: _____

Cancellation Policy

With hopes that you do not have to cancel. It is understandable that changes in your schedule can occur. In order to accommodate other clients, we ask for 24-hour advance notice when canceling individual appointments, 48 hours for multiple appointments to avoid charges. Cancellations within less than 24 hours of the appointment will result in full charges. This applies towards no shows as well. Under certain circumstances it is the practitioners discretion to wave the fee.

By signing below you acknowledge and accept the terms of the cancelation policy above.

Name: _____

Signature

Date: _____