

Distance Healing: Agreement of Services

The Distance Healing services offered by **ART OF NATURAL HEALING, LLC** are for **EPFX / QXCI / SCIO**, bio-feedback and resonance therapy. *The EPFX/QXCI is only used for relaxation training, muscle re-education, and improving the quality of life.*

It is sometimes referred to as Vibrational Medicine or Energy Medicine. However, the services offered by **Dr. LIVIA G. BOIAN** are not connected with traditional medicine as practiced by most western medical doctors and hospitals. Traditional medicine is based on biochemistry. Energy Medicine is concerned with biophysics. It is an entirely separate discipline concerned with the correction of energy fields, and with balancing the bio-electric frequencies of the human system.

I agree to undergo Distance Healing at my own risk. I further indemnify and hold harmless **ART OF NATURAL HEALING, LLC**, Dr. LIVIA G. BOIAN and/or her affiliates, officers, as well as, any successors, assigns and executors, administrators, personal representatives, employees and heirs from any and all results of Distance Healing therapy or any other modality I receive from **ART OF NATURAL HEALING, LLC** including, biofeedback and resonance therapy and/or other healing instruments.

This agreement shall be unlimited as to amount of duration, and it shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal agents and representatives.

ART OF NATURAL HEALING, LLC technology or personnel do not diagnose, treat, prescribe or claim to cure any disease.

Clients are advised that they should consult their own medical practitioners and medical professional for the diagnoses, care, treatment or cure of any health condition.

However, it is the intent of the **ART OF NATURAL HEALING, LLC** to promote self-healing through information, biofeedback, healing frequencies and emotional support.

I understand that there are many kinds of healing that can include emotional, spiritual, and/or physical healing.

I understand that healing is not bound by particular time periods.

I am of legal age or have the agreement of my parent or legal guardian to seek the services of **ART OF NATURAL HEALING, LLC**

I am of sound mind and able to make decisions about my own health.

1. I have read and agreed to the fore-going; 2. That the procedure set forth above has been adequately explained to me by this provider, and 3. That I authorize and consent to the performance of the foregoing services.

Signature _____ Date ____/____/____

Print Name _____

Guardian _____