

## DISCLAIMER

I have voluntarily chosen Radionics treatment for myself/for my child. I understand that Phyllis Schmidt is not a licensed physician, nurse, or therapist, and that her consulting services are not licensed by the State of New Jersey. I understand that Radionics views a person in a holistic manner, taking into consideration mental, emotional and physical symptoms, and that Phyllis Schmidt does not diagnose, treat, or prescribe for any particular symptom, disease, or condition.

I understand that it is my responsibility to maintain a relationship with my/my child's medical doctor. Any decisions about the treatment of disease or the changing of medical prescriptions will be made solely between my/my child's physician and myself. I am fully aware that any and all information Phyllis Schmidt may choose to provide me is in direct response to my personal private request only, and that I alone am fully responsible for how I use the information obtained and any treatment I decide to take myself or administer to my children.

I understand that payment is due in full at the time of service and that I must give 24 hours notice to cancel an appointment or I may be held financially responsible. I agree to the following fees for consultations. These rates are subject to change upon prior notice to the client.

Adult/Child Radionics appointment \$75.00

Payment via PayPal: [paypal.me/phyllisschmidt1](https://paypal.me/phyllisschmidt1)

All information disclosed is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law

I hereby release Phyllis Schmidt from any liability for any possible damage or loss I incur as a result of our association.

I have read the above and agreed to all terms.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

