

JAM NATUROPATHICS

4759 Cornell Road, Suite D, Cincinnati, OH 45241-2432 Phone 513-489-9328 Fax 513-489-9354

CONTRACT FOR SERVICES

1. I understand that Jay E. Aschendorf, NMD, and Marcia L. Aschendorf, NMD are not allopathic medical doctors (MDs) or psychologists, nor do they pretend to be.
2. I understand that anything beyond the scope of Naturopathy, as defined in section # 079 101-014 of the Federal Dictionary of Occupational Titles*, is not practiced at this facility.
3. I understand that if I have any disease, health problems or health conditions, I am now being advised to seek qualified medical advice from a licensed physician if I have not already done so.
4. I understand that at no time will there be any implied or stated indication for me to discontinue taking any medication as prescribed by my physician. And that at no time will there be any implied or stated indication for me to discontinue care under the direction of any other physician.
5. I understand that the services provided at **JAM NATUROPATHICS** may or may not include and are not limited to, Biological Terrain Assessment of blood, saliva, and urine, Hair Tissue Mineral Analysis, Mechanotherapy, Naturopathic assessment etc., for energy/stamina and stress evaluation. These evaluation tests are used to help determine which physiological functions and/or abnormal conditions based on natural laws are out of balance.
6. I understand that the use of Reflex Therapy, Syndesmobilization, CranioSacral, Myofascial Release, Bowen Therapy, Lymphatic Drainage, Therapeutic Touch, Neuromuscular Re-education, Naturopathic manipulation, etc., and any recommendations, suggestions and references to meals, menus, herbs, fasting, Homeopathic or nutritional supplements are for body building, increased stamina and energy or general health maintenance.
7. **I understand that "I am responsible for my own health and compliance."**
8. I understand that at no time can **JAM NATUROPATHICS** guarantee resolution of any health condition, but it has been found that complete client compliance to the natural health care recommendations usually result in greater and more consistent changes toward better health and feelings of well being.
9. I understand that **JAM NATUROPATHICS** reserves the right to dismiss any client, at any time, due to poor compliance.
10. I understand that payment is due at the time of service.
11. I agree to indemnify, protect, save and hold harmless **JAM NATUROPATHICS** and/or Jay and/or Marcia Aschendorf from any and all liability for any and all complications or any nature should they arise, before, during or after treatment, whether to myself or to any minor and/or incompetent for whom I am legally claiming responsibility and I hereby charge my family and/or heirs to honor this agreement.

12. I state that I do not now, nor have I ever, worked for any city, county, state, federal government agency or associations for entrapment or investigative purposed of health care practitioners. I also acknowledge that under the Bivens Act, Article 42, I will be held personally and individually liable for any cost to **JAM NATUROPATHICS** and/or Jay and/or Marcia Aschendorf that may result from my visit.
13. I hereby solicit the serviced of **JAM NATUROPATHICS** in good faith, exercising my free will and following the dictates of my own conscience, which allows me to contract for what I believe to be the most beneficial for me.
14. The choice I make in contracting for these services is not to be overridden by any spouse, family member, court of law, medical facility or personnel, other physician or government agency, and I charge all the aforementioned to honor this contract in full.
15. I understand that I am not obligated to continue utilizing the services of **JAM NATUROPATHICS** and may discontinue the use of these services at any time.
16. For the purpose of advancing the field of Naturopathy, I consent to the discreet use of clinical reports and results of my case for study, research and scientific purpose.
17. If a court of law declares any portion of this contract invalid, all the remaining terms and conditions shall continue in force.
18. I am willing to declare and repeat under oath all of the above statements as requested.
19. I have fully read and understand the above information, my responsibility and rights and hereby contract to employ the services available at **JAM NATUROPATHICS**.

Signature: _____ Date _____
 Signature of Parent or Guardian: _____ Date _____
 JAM Naturopathics: _____ Date _____

DO NOT SIGN THIS FORM UNLESS YOU COMPLETELY UNDERSTAND ITS CONTENTS. IF FOR ANY REASON YOU CHOOSE NOT TO SIGN THIS FORM AFTER A THOROUGH EXPLANTION, SERVICES WILL NOT BE RENDERED.

*The Federal Dictionary of Occupational Titles section 079 101-014 defines "Naturopathic Physician" and "Doctor, medical (medical services)" as follows:

"Diagnoses, treats, and cares for patients using a system of practice that bases treatment on physiological functions and abnormal conditions on natural laws governing the human body: Utilizes physiological, psychological and mechanical methods, such as air, water, light, heat, earth, phototherapy, food, and herb therapy, psychotherapy, electrotherapy, naturopathic corrections and manipulations, and natural methods or modalities, together with natural medicines, natural processed foods and hers, nature's remedies and minor surgery. Excludes major surgery, therapeutic use of x-ray and radium and the use of drugs, except those assimilable substances containing elements or compounds which are components of body tissues and are physiologically compatible to body processes for maintenance of life."

"Surgical Procedures" refers to the medically accepted definition of surgery, but shall not include care incidental to superficial lacerations and abrasions, and the removal of foreign bodies located in superficial structures (minor surgery), nor to include the eye, and the use of antiseptics and anesthetics in connection therewith.

