Client Waiver

All information shared within this professional relationship will be held in strict confidence. Information may be shared at the client's request with a medical doctor, naturopathic physician or any other healthcare practitioner the client deems to be appropriate.

I understand and acknowledge that the services provided are at all times restricted to consultation on the subject of health matters intended for general well-being and are not meant for the purposes of medical diagnosis, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. This statement is being signed voluntarily.

Signature: _____ Date: _____

Cancellation/No Show Policy

Your appointment time has been reserved for you. Please note that your booking must be cancelled a minimum of **24 hours prior to your appointment, and that a late cancellation or no-show fee equal to 50% of the session cost may be applied**.

I have read the above and understand the cancellation/no show policy as described. By signing I am agreeing to this policy.

Signature: _____ Date: _____

Debbie Moore R.H.N.
CSNN Reg. # N 684515