



DISCLOSURE FORM

I hereby attest to the following:

1. I fully understand that Nicole Dahl is not a licensed medical doctor, does not diagnose or treat disease, and that I am not here for medical, diagnostic or treatment procedures.
2. The services performed by Nicole Dahl, whether in person or by mail or phone, are at all times restricted to consultation on the subject of wellness and health. These services are solely intended to provide me with resources to use to promote my own health and well-being. Her services do not involve diagnosing, treatment, or prescription for the treatment of disease.
3. I fully understand that it is my constitutional right to decide how I wish to care for my health. Nicole Dahl has not suggested that I cease current medical care I am receiving, be it drug therapy, x-ray treatments, chemotherapy, surgery, or any other medical procedures that my medical doctor or any other health practitioner deems necessary for my health. If I choose not to follow the recommendations made by my medical doctor or other practitioners, I understand that such a decision is my responsibility and will not hold any other persons responsible for any consequences of such a decision.
4. I am here, on this any subsequent visit, solely on my own behalf and not as an agent for federal, state or local government agencies on a mission of entrapment or investigation.
5. I understand that all information discussed will be kept strictly confidential.

Client Signature _____

Date _____

Name (print) _____

INFORMED CONSENT FORM

At Honey's Holistic Health LLC, Protected Health Information (PHI) is used solely for legitimate purposes, such as providing health education, recommendations, or conducting necessary administrative operations. Any use of PHI outside of these authorized purposes will require explicit written consent from the individual whose data is being used. Your information will remain confidential. In order to prove that she has met requirements for Professional Herbalist Certification, Nicole Dahl will keep a separate list of client names and contact information, along with dates when she met with each client for consultation or follow-up appointments. This record will be submitted to the American Herbalists Guild (AHG) as part of her professional application. There will be no information concerning the nature or details of the wellness consultation included in this record. I understand that in order to verify that this consultation did take place, a representative of the Admissions Committee of the AHG may contact me. Should this verification be required, the AHG representative will not have any information about the consultation, nor will they ask any questions about the nature of the consultation.

By my signature below, I indicate my willingness for Nicole Dahl to:

1. Share my case information (without my name or any contact information) with her mentor.
2. Share my name, contact information, and date(s) of consultations (without any details about the nature of the consultation) with the American Herbalists Guild.

Client Signature _____

Date _____