

# REFERRAL DISCLOSURE STATEMENT

Welcome from *StaciJoy!*

One aspect of our organization is to provide education on how holistic and/or complimentary therapies can be used in conjunction with traditional medical practices. We provide consultation to clients on how to maintain a state of wellness from a holistic point of view...combining mind, emotion, body and spirit. Neither *StaciJoy* nor any of its members, employees or staff is licensed to practice medicine and we do not provide medical services in any manner. Although we believe complimentary modalities can be extremely beneficial, they should not and are not expected to replace traditional medical care. Holistic therapies should not be used alone; but, in conjunction with your regular medical check-ups and appointments. If you have any question regarding the prudence of any of our recommendations, you should discuss them with your regular treating physician.

To assist you in establishing or maintaining a state of wellness from a holistic point of view, we may make recommendations for you to consult with one or more specialists in the following areas: nutrition, physical fitness training, psychotherapy, chiropractic medicine, acupuncture & herbs, hypnotherapy, polarity therapy, therapeutic touch, naturopathy, homeopathy, and/or bodywork. As part of this service, we may provide to you, from time to time, a list of health professionals specializing in one or more of the above-referenced areas. Our review of health professionals should not replace your own judgment. The list(s) are provided to you as a courtesy to help you meet with and interview various practitioners for your own selection. We cannot and do not guarantee the qualifications or competence of any particular medical professional.

If you would like to confirm the competence of any particular health professional, we recommend you ask the practitioner to verify his or her credentials and qualifications.

**Once you have read and understand this statement, please sign your name where provided herein below. Please also print your name, address and telephone number to confirm the accuracy of our records.**

## ACKNOWLEDGMENT

I hereby acknowledge that I have read and understand the disclosures stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
telephone number

\_\_\_\_\_  
date