

Client Acknowledgment Form

I hereby fully understand, acknowledge and agree with the following:

- 1) Angela R. Wang, RN, R.BIE is **not** a medical doctor and I am not here for medical, diagnostic or treatment procedures.
- 2) R.BIE Practitioners are at all times restricted to consultation on the subject of nutritional matters or the BIE modality, and does not involve the use of medical tests such as, scratch tests, needles, blood or urine tests to verify the client's medical condition, disease, sensitivities to foods or environmental substances.
- 3) All testing is done for experimental or educational purposes only and does not involve the diagnosing, prognosticating, treating or prescribing of remedies for the treatment of disease or any act which will constitute the practice of medicine in this state of New Jersey, in which a license is required.
- 4) The services performed by Angela R. Wang, R.BIE employee and on behalf of WithinYou Natural Allergy Relief and Wellness Inc., use Bioenergetic Intolerance Elimination (BIE) and the patented GSR-120 unit to direct energy onto various acupuncture points to help my body adapt to intolerances by stimulating and clearing any blockages in energy, which helps the body to achieve homeostasis (balance) and allows my body to heal itself.
- 5) Any results and benefits of the services may vary according to my own health status, including but not limited to my diet/nutrition, strength of immune system, stress level and water intake.
- 6) Any and all suggestions regarding herbs or nutritional matters are based on historical and traditional use.
- 7) The BIE modality and the GSR-120 unit does **not** and is not intended to support or provide any claims to diagnose, treat, or cure anaphylactic life threatening or non-life threatening allergies, medical condition or disease.
- 8) I should **not** for any reason, ingest or expose myself to any substance that I have previously been diagnosed as allergic or anaphylactic by a qualified physician/allergist, or that I am aware of any severe allergy to a substance, unless I have first been given consent by a qualified physician/allergist.

Should I choose to go against clinical advice and ingest or expose myself to any allergen at any time, it is by my own accord and I shall assume all risk and understand the health risks and dangers involved. All liability resides with me and I hereby release Angela R. Wang, RN, R.BIE of any and all liability of the health risks undertaken by my actions against advice. Please initial here _____

- 9) Program compliance is required for results, which are not guaranteed.
- 10) The decision to follow any recommendations made rests solely with the undersigned.
- 11) I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for any federal, state or municipal agency.
- 12) I hereby authorize WithinYou to use my credit/debit card on file, solely for payment of services and cancellation/no-shows as per company policy. This card will not be used for any other purpose or intent, unless directed per my written permission.

VISA MASTERCARD AMEX DISCOVER DEBIT (please circle)

_____ Exp Date _____

CVV _____ Zip Code associated with card _____

Name as it appears on card _____

I, the undersigned, acknowledge that I have read and understand the above.

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best contact: Home or Mobile phone (circle) _____

_____ Date: _____
Client Signature

Parent/Guardian Signature (if under age 18) Relationship to client