

Disclaimer

Name of the patient: _____

Telephone: _____ Mobile: _____ Email: _____

This is to clarify my intention to voluntarily undergo the Neurolink's Neurological Integration System of health care management performed on me, as described by my NIS Proficient Practitioner, Didier Fouquet (DF), in accordance with Neurolink's NIS' training manual.

I have fully understood the potential of corrective reactions from the initial and follow up treatments/sessions and I release my practitioner (DF) of any and all liability and/or legal implications that could be interpreted as "not in accordance" with the governing laws of the State of Queensland and the Federal State of Australia.

I have a clear understanding this is a unique and different health care management system and fully agree to the full Neurolink's NIS protocol to be applied to me.

In the case that I qualify for a virus care using the Neurolink NIS System of health management, I understand that a specimen of my blood is required to perform the correction as described by my NIS proficient practitioner (DF) in accordance with Neurolink's NIS' training manual.

I agree and allow my NIS practitioner (DF) to collect a blood sample with a sterile blood sample-collecting device and to keep the collected sample on files

Yes No

(Initials)

I am providing a blood sample through my own administration with a blood sample collecting device as provided and directed by my NIS Practitioner (DF)

Yes **No**

(Initials)

My NIS Practitioner has advised me of any possible side effects of the Neurolink NIS protocol treatments. I understand and accept the potential rectifications and will follow my NIS proficient practitioner's (D.F.) directions.

Yes No

(initials)

Date: ____/____/____

Name of Patient: _____

Signature of Patient: _____