



## MEDICAL DISCLAIMER

I \_\_\_\_\_ understand that as I am in therapy with Fara Murata, LCSW, we may discuss health and nutritional issues. I understand that she is not a physician and will be sharing her knowledge and information she has obtained from continuing education, research and experience. She will not replace my one-on-one relationship with a qualified health care profession and is not intending to give medical advice. I will be encouraged to make my own health care decisions based upon research and in partnership with a qualified health care professional.

I acknowledge that she may make recommendations for testing, diet changes, adding supplements, among other things to improve my mental and physical health situation. I am not obligated to follow her recommendations or purchase testing or supplements.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

I, Fara Murata, LCSW, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

Copy accepted by client     Copy kept by therapist