

DISCLOSURE AND RELEASE OF LIABILITY WAIVER



AIM Swasthya

Dr.Namyata Pathak, BAMS, MD (Ayu)

Integrative Ayurveda Physician

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I, Dr.Namyata Pathak, am officially registered in India as a BAMS, MD (Ayu) doctor under the Maharashtra Council of Indian Medicine. My training consisted of 8.5 years of Ayurveda and certain principles and practices of conventional medicine from Maharashtra University of Health Sciences. I am *not* licensed by the State of California to practice as a conventional medical doctor. However my treatment and advice is legalized under the 'California Health Freedom Act', by Senate Bill 577, passed in 2003. It is an Act which recognizes people's need for healthcare beyond conventional medicine.

I have a clinical experience with both systems of medicine since 2002. However, a consultation with me at AIM Swasthya does not replace the need for conventional medical diagnosis and treatment. It is strongly recommended that you maintain a relationship with one or more physicians qualified to care for health condition (s). For example, in the case of children kindly seek the advice of a paediatrician; for diabetes consult with a diabetologist; for cancer consult with an oncologist, etc. Our services are intended to support you and your health provider to use more natural ways to improve your health.

A consultation with me would typically involve recommendations of Ayurvedic formulations, diet and lifestyle, health foods and supplements, suitable yogic practices, referrals to diverse allied health service providers as needed and a co-evolution of health plans and goals for you. My consulting service fees and products recommended are not covered by any of the Insurance companies, in my current knowledge. However, you may be able to deduct some or all of your costs from your FSA (Flexible Savings Account) or HSA (Health Savings Account) if you check with your plan administrator.

By signing this disclosure you agree to forever release Dr.Namyata Pathak and AIM Swasthya from any legal action, claims or demands that you, next of kin, and legal representatives may have in the future related in your participation of a health consultation. By entering your signature below you are acknowledging that you understand all terms, verbiage (language) and concepts herein.

Kindly sign the declaration below if you choose to proceed with the consultation.

I, understand this consent agreement and have executed it freely and willingly.

Sign

Name

Date

(Client/ Guardian for clients under 18 years)

Ayurveda inspired Integrative medicine for Swasthya

Manage diseases. Prevent disorders. Promote health.