

Practitioner/Client Terms and Conditions (by purchasing ANY of my services or products, you are agreeing to the following):

- 1) I understand that my Practitioner is NOT claiming that she can cure, treat, or diagnose my issues, as this is beyond her scope of practice. I understand that all information she gives me is for educational purposes only and nothing is to be used as a diagnostic tool. Any holistic methods I choose to incorporate are done under my own free will and not under the diagnosis of my Practitioner.**
- 2) I understand that NO REFUNDS are given on anything I purchase; no exceptions!**
- 3) I agree to the following, regarding payments: If I have signed up for a recurring/monthly package, I agree to make my payments on time. I understand that recurring/monthly packages will automatically be charged from the card I have on file with my Practitioner. I understand that payment is due, whether or not I progress toward my goals at my desired pace.**
- 4) I understand that my Practitioner is not going to be constantly glued to her smart device and will respond to my messages within her normal business hours of Tuesdays, Wednesdays, & Thursdays from 10am-2pm (Arizona Time). I understand that any responses from her outside of these business hours are an exception. I understand that I am free to message my Practitioner with questions *anytime* (day, or night), but she will *only* reply to business-related messages during her normal business hours.**
- 5) Due to copyright laws and legal ramifications, I agree that I will not share the PDFs, courses, or videos, created by my Practitioner, with anyone else. I understand the videos, courses, and PDFs that my Practitioner shares with me are *only* for paying clients.**
- 6) I will keep up regular communication with my Practitioner, if I am working with her one-one-one through a Thrive or Q&A package. I will be open and honest about all things relevant to my healing journey, medications/supplements being used, changes in diet, etc. I also agree and to inform my Practitioner of any changes in life circumstances, stress load, changes in supplements/medications, changes in daily routines, or any other changes that might significantly impact my ability to reach my health goals. If I'm currently being treated by a physician, I agree to let him/her know about any new herbs/supplements I want to try and any other new changes I want to incorporate.**
- 7) I understand that my Practitioner will honor my unique story, will remain open to constructive criticism from me, and will provide a safe space for me to express my feelings. She will provide me with educational tools to empower me to heal my own body and she will refer me to an outside source (like a doctor, counselor, etc), when we run into any issues that are beyond her scope of practice.**