

Natural Allergy Elimination Technique (N.A.E.T) Informed Consent

I \_\_\_\_\_ certify that Dr. Erica Statman does not claim to cure any illness or disease with N.A.E.T. (Nambudripad's Allergy Elimination Techniques).

I understand that N.A.E.T. does not diagnose disease. Rather, N.A.E.T. gives the practitioner an indication as to the substance(s) to which the practice member may have a sensitivity. N.A.E.T. uses various standard medically proven diagnostic measures and modalities (allopathic, chiropractic, kinesiological and acupuncture) to detect the practice member's sensitivity. The premise behind N.A.E.T. is to desensitize a person to a substance by using these modalities and principles so that he/she may not experience hypersensitive symptoms when he/she has future contact with them.

*I understand that I\*am to continue all medications and other treatment modalities as they have been prescribed unless otherwise directed by the doctor who prescribed them. If during the 25 hours or longer after my session, I\* experience a life-threatening reaction from the allergen for which I\* was treated or from some other sources, I need to seek emergency help immediately from a physician qualified in emergency treatments, or by calling 911 or attending an emergency room at the local hospital. If I\* am suffering from severe allergic reactions to substances, I should consult an appropriate physician and take appropriate medications (e.g., such as those to prevent itching, tissue swelling, fever, cough, pain, infection, mental irritability, violent behaviors, etc.) to keep my (my dependent's) symptoms under control while I\* am being treated with N.A.E.T.. This way, essential N.A.E.T. treatments can be completed without interruption. Once I\* complete the essential N.A.E.T. treatments, I\* may not need to continue pharmaceutical drugs indefinitely.*

*I understand that for 25 hours after the treatment I\* am to avoid eating, touching, breathing and coming within 5 feet or more of the allergen for which I\* was treated, as instructed by my practitioner. If I\* do come in contact with the substances for which I\* am being treated, I realize that the treatment may not work and I\* may have a sensitivity reaction.*

I understand that I\* must return after my 25 hours avoidance period, optimally within 24 hours after the initial 25 hour period, but preferably within 7 days, to see if I\* have cleared for the substance(s). I fully understand that I\* may still experience a reaction to the substance(s) of unknown severity if I\* did not clear them completely, I\* may need to repeat the procedure (more office visits at my cost) until I\* clear them satisfactorily.

After the successful completion of my N.A.E.T. treatments I give permission to Maimonides Chiropractic to use my (my dependent's) case study in educating other similar practice members or accumulating data for research purposes without disclosing my real name, address or other identifying information. I give permission to take a photograph of my (my ward's) diseased body part (e.g. in the case of a skin problem, etc.) to use in research or for practice member education purposes *without* disclosing my real name, address or other identifying information.

I have read or have had read to me the above statements and have had opportunity to ask questions about its content and by signing below I agree to the terms and procedures.

\* my dependent

\_\_\_\_\_  
Practice member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the Minor

\_\_\_\_\_  
Relationship to dependent

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date