

Jan Hulka, MS,
Hulka Healing Therapies
7 Wheelhouse Way, Vineyard, Haven, MA 02568

Statement of Practice

I, Jan Hulka, am a Certified Holistic Health Practitioner, wellness consultant and advocate of natural health and living, implementing Craniosacral Therapy, Lymph Drainage Therapy, Reiki, Bioelectric and Bioenergetic Medicine. I promote the practice of healthful living for the enhancement of wellness. My testing of the craniosacral rhythm, Craniosacral Therapy, Lymph Drainage Therapy, Reiki, Bioelectric and Bioenergetic Medicine, recommendations of natural products and advocacy of healthy lifestyles are not substitutes for medical and/or dietary examination, diagnosis and treatment of disease.

I work in an effort to balance the energy meridians of the body, including the biological terrain and immune system. However, the implementation of my services, any lifestyle changes or stress reduction techniques, as well as the use of homeopathics, herbs, vitamins, minerals or foods that one might use or avoid, in an attempt to balance the body and its meridians, are not prescribed treatments or courses of therapy, but recommendations designed to stimulate the body to make such changes on its own. It is up to each individual to decide if such approaches are appropriate for them and must be based entirely upon their own free will and choice.

I am not a medical doctor, licensed physician or registered dietician and do not assess the nutritional or medical needs of individuals or groups. I do not provide nutritional counseling in either health or disease that is dietary in nature. I do not develop, implement or manage systems in nutritional care, nor do I evaluate, change or maintain standards of food quality or nutrition services for individuals or groups of patients in licensed facilities, or in private office settings.

I do not provide medical counseling or treatment or diagnose illness, disease, or any physical or mental disorder. I do not practice any type of primary care mode of therapy such as a medical doctor does.

For any medical or nutritional/dietary problem, in all matters of total wellness and disease prevention, I highly and wholeheartedly recommend that my clients see a licensed physician and dietician regularly for a physical examination and basic blood tests, to have their doctor or dietician diagnose any medical or dietary problems or disease, and encourage that they follow their doctor's or dietician's prescribed modes of therapy according to the dictates of their own conscience. In times of illness, or in the presence of symptoms of illness, I strongly encourage all clients to seek medical attention immediately from a licensed physician.

I acknowledge that I have read the above statement of practice.

Client

Date

Client

Wellness Evaluation Authorization and Release Form
for CranioSacral Therapy, Lymph Drainage Therapy, Reiki, Bioelectric and Bioenergetic Medicine services and testing using CranioSacral Rhythm

1. I fully understand the difference between the practice of allopathic medicine (diagnosis, treatment and prevention or management of disease through current standards of care), and CranioSacral Therapy, Lymph Drainage Therapy, Reiki, Bioelectric and Bioenergetic Medicine (using natural approaches to optimize health and stimulate the body towards self adjustment and balance).
2. I fully understand that Jan Hulka is not an allopathic doctor (MD), but he is a certified holistic health practitioner, wellness consultant and advocate of natural health and living, providing services that are not allopathic, but that are within the parameters of a natural health and wellness philosophy. I have read and fully understand the Statement of Practice.
3. I fully understand that Jan Hulka is not diagnosing or treating any illness or disease, but that it is a craniosacral rhythm of the body that is being measured and the well-being of body-mind that is being supported.
4. I fully understand that Jan Hulka is in no way encouraging me to terminate or modify any previous or ongoing therapies started by or under the direction of any licensed practitioner.
5. I fully understand that the use of frequency device, also know as rife technology, doesn't claim and it is in no way to be interpreted as a cure of any diseases or medical condition. I agree to use this frequency device at my own risk.
6. I presently seek consultation, advice, opinions and/or programs, tests, evaluations and/or products, manual and energy modalities within the scope of Jan Hulka wellness practice based upon the principles of CranioSacral Therapy, Lymph Drainage Therapy, Reiki, Bioelectric and Bioenergetic Medicine and have solicited Jan Hulka services in good faith, exerting my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.
7. If a minor or an individual accompanies me who must be assisted by me in some way, either partially or completely, I give full faith that I am legally and totally responsible for them.
8. I authorize Jan Hulka to provide his services to me on my behalf, and herby release him from any and all claims arising out of my actions or failure to act upon his advice.

I hereby consent to and authorize the above described evaluation and consultation:

Parent or Guardian Signature (if under 18)

Date

Client

Date

Witness

Date

I authorize the release of my health information to or from other providers.

Client

Date