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Notification Policy and Release Form

It is common practice for Holistic Health Practitioners, Chiropractors, Naturopaths, Nutritionists, and other Practitioners to collect your signature on a liability waiver form such as this. By doing so you acknowledge that it is your responsibility to deliver all laboratory test results provided by Dr. Edwards, now and in the future, to your own physician for any [medical interpretation](#). The undersigned agrees to receive a [nutritional interpretation](#) of the test results from Dr. Edwards that is to be used exclusively by the undersigned as an educational tool for personal health purposes. However, the personal physician of the undersigned may use these same laboratory results to diagnose and treat disease.

The information on Dr. Edwards' websites, brochures, flyers, and information packets are believed to be extremely accurate, but such accuracy cannot be guaranteed by Dr. Edwards as she may not be the originator of the underlying data used in the interpretation. Additionally, the undersigned releases Dr. Edwards from any liability for injury or loss arising out of the use of, or reliance on, the laboratory results and/or the nutritional, supplement, herbal, and lifestyle suggestions provided. The undersigned understands that a physician should be consulted before making any changes to exercise, nutrition, and supplementation as applicable.

Dr. Edwards does not diagnose, cure or treat any illness or disease. Out of reference range laboratory results will be indicated on the official lab document provided by Dr. Edwards from a State Certified Laboratory to the undersigned. This information is not intended to, cannot, and should not be expected to substitute for a personal consultation with your own physician. Further, the undersigned releases Dr. Edwards and her lab partners from any and all liability for failure to identify medical conditions or disease. It is understood and agreed that this is not the purpose of Q.P Wellness services.

As a Board Certified Doctor of Natural Medicine, services will be provided within the capacity of Dr. Edwards' competency and certifications. When the needs of the undersigned cannot be met within those boundaries, Dr. Edwards will inform the undersigned of such limitations and offer referral. Dr. Edwards will ensure that results expected from her programs are accurately and fairly depicted. Client confidentiality is protected at all times within the scope of Q. P. Wellness.

Signature _____ Date _____

Print Name _____ Phone number: _____

Email _____

Address _____
