



**PERMISSION & AUTHORIZATION FORM  
REGARDING THE USE OF AUTONOMIC RESPONSE TESTING®,  
NUTRITION RESPONSE TESTING™  
AND/OR THE EMOTION CODE™/BODY CODE™**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

- I specifically authorize the natural health practitioners at the **North Texas Healing Center** to perform **Emotion Code™/Body Code™** and/or a(n) **Autonomic Response Testing®** or **Nutrition Response Testing™** health analysis, and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, **and not for the treatment, or "cure" of any disease.**
- I understand that **Autonomic Response Testing®** and **Nutrition Response Testing™** are **safe, non-invasive, natural methods** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems. I understand **Emotion Code™/Body Code™ is a safe, noninvasive natural method** of supporting my mental health.
- I understand that **Autonomic Response Testing®** and **Nutrition Response Testing™** are **not methods for "diagnosing" or "treating" of any disease** including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being tested for or treated. I understand **Emotion Code™/Body Code™ is not a method of diagnosing or treating mental illnesses.**
- No promise or guarantee has been made regarding the results of **Autonomic Response Testing®** or **Nutrition Response Testing™** or any natural health, nutritional or dietary programs recommended, but rather I understand that **Autonomic Response Testing®** and **Nutrition Response Testing™** are means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health. No promise or guarantee has been made regarding the results of the **Emotion Code™/Body Code™**. These are just techniques to aid my mental health.

**CANCELLATION POLICY:**

Cancellations must be made during clinic office hours **at least 24-hours prior** to the appointment. Patients canceling the same day of treatment or missing their appointment **will be charged the full amount** of the scheduled appointment or treatment.

*I have read and understand the foregoing.*

*This permission form applies to subsequent visits and consultations.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If minor, signature of parent or guardian required)*