

# Foundation for the Healing Arts

"Improving the Quality of Life"



[www.foundationforthehealingarts.org](http://www.foundationforthehealingarts.org)

## RESEARCH WAIVER

These sessions are consultations and not office visits. Results achieved from this research protocol are individually motivated. Each client must contribute 100% to their protocol in order to achieve their healing objectives. If you are not prepared to take time, make changes in your life and take full responsibility for the results of your healing, this working relationship is not appropriate for you. Healing is a process and takes time so do not expect immediate gratification. In accordance with the timeline for healing objectives, for every year you have had the challenge you seek to heal, it takes approximately one month to accomplish the healing, i.e. 1 year: 1 month ratio. The FHA staffs' purpose is to assist you in assisting yourself.

Dr. Gloria M. Jackson, Medical Doctor / Healer will provide consultation and guidance through your healing process. She does not practice medicine, assume decision-making authority over you, or supersede any directions given to you by your primary care provider. The information gathered during this process is confidential and will not be used for purposes other than data collection, consultation, assessment and publication. Healing options will be discussed and a protocol designed with you. Dr. Jackson will request routine communications via phone or email from you so that she can be current with your responses and make adjustments as required. Your full cooperation is mandatory for your healing success. If you choose to become non-compliant and no longer follow your agreements during the timeline of this process, this working relationship will be immediately terminated.

Each session is directed from the client's agenda. A copy of the QiScan Assessments can be emailed to each client upon their request. Clients are responsible for taking notes during their sessions and making sure that they understand any & all directions discussed and outlined for their care. Keeping a file folder during your protocol is recommended. Supplements can be purchased directly from the manufacturer following the completion of this protocol as required.

Having read and discussed any concerns, the undersigned waives any and all liability to the Foundation For The Healing Arts and their staff that is presumed or inferred by your participation in this research protocol. By signing this waiver, you agree not to hold FHA or their staff liable for any personal damages which might occur as a direct or indirect result of your participation. The techniques, equipment and products used within this process have no harmful effects, chemicals or additives and are considered safe.

Thank you for your donations to this ongoing research.

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Executive Director

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