



Professional Disclosure Statement

By California state law, I am required to provide you with a Professional Disclosure Statement that you must read and sign before using my services.

A person who advertises any service that is not illegal under Section 2051, 2052 or 2053 must disclose in the advertisement that they are not licensed by the state as a practitioner of the healing arts.

Sections 2053.5 and 2053.6 of the California Business and Professions Code.

Under the terms of 2053.5 of the California Business and Professions Code, unlicensed healthcare professionals may offer their services as long as they do not:

1. Perform surgery or any other procedure that injures the skin or invades the body.
2. Administer or prescribe X-ray radiation to another person.
3. Prescribe or administer conventional drugs or substances.
4. Recommend the discontinuation of drugs or conventional substances controlled and prescribed by an authorized physician.
5. Intentionally diagnosing and treating a physical or mental condition under circumstances or conditions that cause or create risk of great bodily harm, serious physical or mental illness, or death.
6. Correct fractures.
7. Treat lacerations or abrasions with electrotherapy.
8. Maintain, affirm, indicate, advertise or imply to a client or potential client that he is a doctor, or surgeon Section 2053.6 of the California Business and Professions Code specifies that:

The following information must be disclosed to the client in a written statement using plain language:

- That he/she is not a licensed physician.
- That the treatment is alternative or complementary to the healing arts services authorized by the state.
- That the services provided are not licensed by the state.
- The nature of the services provided.
- The theory of treatment on which the services are based.
- Educational training, experience, and other qualifications about the services provided by the practitioner.

The client must state in writing that the required information has been provided in understandable language and that voluntarily agree to receive the alternative services.

I _____ declare that I have read the information provided above

Name and signature _____ Date _____