**CONSENT FOR NAET DESENSITIZATION PROCEDURE**

I certify that Dr. Rita Lathon does not claim to cure any illness or disease with NAET® (Nambudripad's Allergy Elimination Techniques).

--I understand that NAET® is not a medical diagnostic procedure and therefore does not diagnose a disease. Rather, NAET® gives the practitioner an indication as to the substance(s) to which the patient may have a sensitivity. NAET® uses various standard, medically proven diagnostic measures and modalities to determine the patient's condition.  These include allopathic, chiropractic, kinesiological, acupuncture and nutritional knowledge. The premise behind NAET® is to balance the energy of the individual patient to a substance(s) so that the patient may not experience hypersensitive symptoms when they have future contact with the substance(s). It is an energy balancing procedure.

--I understand that I (or my dependent) am to continue all medications and other treatment modalities as they have been prescribed by my (or my dependent's) medical doctor unless otherwise directed by the doctor who prescribed them.

--I understand that if I (or my dependent) experience a life-threatening reaction from an allergen following an NAET® treatment, or at any time, I need to seek emergency medical assistance immediately from a physician qualified in emergency medical care by calling 911 and by visiting an emergency room.

--I understand that if I (or my dependent) am suffering from severe but not life-threatening reactions to substances after an NAET® energy balancing procedure, I should consult with a physician and take appropriate medications to keep the symptoms under control (such as medications to prevent itching, tissue swelling, fever, asthma, cough, pains, infections, irritability, violent behaviors, etc.).

This will allow me (or my dependent) to satisfactorily complete the NAET® protocol for basic allergens without interruption of treatment.  After I (or my dependent) have completed the course of treatment for my (or my dependent's) condition, I (or my dependent) may experience a reduction of my allergic symptoms and enjoy an improved quality of life.

--I understand that for the 25 hours following an NAET® treatment, I (or my dependent) am to avoid eating, touching, or breathing the desensitized substance. I (or my dependent) am to avoid coming within 5 feet (or more) of the substance, as will be instructed by my practitioner.  If I (or my dependent) come into contact with the substance to which I (or my dependent) have been desensitized, I realize not only that the treatment for that day might not work, but that I (or my dependent) may have a sensitivity reaction to the substance.

--I understand that I (or my dependent) must return after my 25-hour avoidance period (preferably within 24 hours, but at least within 7 days), to determine if I (or my dependent) have cleared the substance treated. I fully understand that if I (or my dependent) did not clear a substance completely,  I (or my dependent) may continue to experience a reaction of unknown severity to the substance if I (or my dependent) come into contact with it.  If I (or my dependent) did not clear a substance completely during one treatment/office visit, I (or my dependent) may be required to repeat the procedure until I (or my dependent) clear it satisfactorily. This may take more than one office visit, with each office visit incurring additional cost.

--After the successful completion of my NAET® program, I give Dr. Rita Lathon permission to use my (or my dependent's) case study in educating other patients without disclosing my real name, address, or personal identifying data.

I have read (or have had read to me) the above statements, and have had the opportunity to ask questions about their content.  I agree to the terms and procedures.

Adult Patient's Name (please print)_____

Adult Patient's Signature _____

Date _____


Name of the Minor _____

Signature of Minor's Parent/Guardian_____

Date _____