COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS IN Hawaii

**Marina Poling**

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As a Complementary and Alternative Health Care Practitioner, I am not licensed, certified or registered by the state of Hawaii as a health care professional. Hawaii does not license Harmonic Light Therapy Practitioners. Lumiceutical Harmonic Light Therapy is FDA cleared for over the counter treatment of wound care and relief of chronic pain.

I am not a licensed medical physician and do not diagnose, treat or prescribe remedies for the treatment of disease. The services I perform, whether in person, by mail or by phone, are at all times restricted to complementary and alternative health care services intended for the maintenance of the best possible state of health.

I am prohibited from: performing surgery or any invasive procedure; administering or prescribing x-ray radiation; prescribing prescription drugs; using general or spinal anesthetics; administering ionizing radioactive substances; using a laser device that punctures the skin; performing enemas/colonics unless board certified; practicing midwifery; practicing psychotherapy; performing spinal manipulation; practicing optometry; directly administering medical protocols to a pregnant woman or a person who has cancer; practicing dentistry; setting fractures; practicing massage therapy; and providing a conventional medical disease diagnosis or recommending the discontinuation of a course of care recommended by a health care professional.

**The services I provide are as follows**: The application and practice of Harmonic Light Therapy and use of applied kinesiology. I do not “treat” any client, but rather make recommendations to them or their parent/guardian for lifestyle changes, which will improve their health and quality of life.

***\*As my client, you should discuss any recommendations I provide with your Primary Care Physician, Obstetrician, Gynecologist, Oncologist, Cardiologist, Pediatrician or Pediatric Health Care Provider, or other Board-Certified Physician.\****

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Name of Client Signature of Client

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Date of Birth Date of First Visit