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*Todd Stelik, OTR/L, CHHP, Assistant Director*

## Statement of Practice

I, Todd Stelik, am not a medical doctor, licensed physician, naturopathic doctor or registered dietician, nor do I portray myself as such. I do not assess the nutritional needs of individuals or groups. I do not provide nutritional counseling in either health or disease that is a dietary nature. I do not develop, implement or manage systems in nutritional care, nor do I evaluate, change or maintain standards of food quality or nutrition services for individuals or groups of patients in licensed facilities, or in private office settings.

I am a registered and licensed occupational therapist, specializing in craniosacral therapy, and a certified holistic health practitioner and advocate of natural health and living. I promote the practice of healthful living for the enhancement of wellness. My bio-energetic and bio-feedback testing, recommendations of natural products and advocacy of healthy lifestyles are not substitutes for medical and/or dietary treatment of disease.

I do not practice any type of primary care mode of therapy such as a medical doctor does. For any medical nutritional/dietary problem, in all matters of total wellness and disease prevention, I highly and wholeheartedly recommend that my clients see a licensed physician and dietician regularly for a physical examination and basic blood tests, to have their doctor or dietician diagnose any medical or dietary problems or disease, and encourage that they follow their doctor's or dietician's prescribed modes of therapy according to the dictates of their own conscience. In times of illness, or in the presence of symptoms of illness, I strongly encourage all clients to seek medical attention immediately from a licensed physician.

I work in an effort to balance the energy meridians of the body, including the biological terrain and immune system. However, the implementation of any lifestyle changes or stress reduction techniques, as well as the use of natural remedies, herbs, vitamins, minerals or foods that one might use or to avoid, in an attempt to balance the body and its meridians, are not prescribed treatments or courses of therapy, but recommendations designed to stimulate the body to make such changes on its own. It is up to each individual to decide if such approaches are appropriate for them and must be based entirely upon their own free will and choice.

### ***Biofeedback Stress Response Testing/Wellness Evaluation Authorization and Release Form***

1. I fully understand the difference between the practice of allopathic medicine (diagnosis, treatment and prevention or management of disease through current standards of care), and holistic health considerations (using natural approaches to optimize health and stimulate the body towards self adjustment and balance).

2. I fully understand that Todd Stelik is not an allopathic doctor (MD) and does not pretend to be, but he is an occupational therapist and bioenergetic practitioner providing services that are not allopathic, but that are within the parameters of a natural health and wellness philosophy. I have read and fully understand the Statement of Practice (see reverse).
3. I fully understand that Todd Stelik does not offer allopathic drugs, surgery, chemical stimulants or radiation therapy, but is providing information and natural products to restore natural balance and optimum conditions for health and wellness based on the scope of his practice.
4. I fully understand that Todd Stelik is not diagnosing or treating any illness or disease, but that it is bioenergetic balance and overall stress responses of the body that are being measured.
5. I fully understand that Todd Stelik is in no way encouraging me to terminate or modify any previous or ongoing therapies started by or under the direction of any licensed practitioner.
6. I fully understand that the services provided by Todd Stelik may not be generally accepted and/or recommended by allopathic physicians or other health professionals.
7. I presently seek consultation, advice, opinions and/or programs, assessments and/or products within the scope of Todd Stelik's wellness practice based upon the principles of holistic health.
8. I have solicited Todd Stelik's services in good faith, exerting my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.
9. If I desire services not provided by Todd Stelik, I fully understand that I should seek them elsewhere, and that Todd Stelik can/will not dissuade me from seeking allopathic attention, recommendations or modes of therapy from a licensed practitioner.
10. If a minor or an individual accompanies me who must be assisted by me in some way, either partially or completely, I give full faith that I am legally and totally responsible for them.
11. I authorize Todd Stelik and staff, to provide their services to me on my behalf, and hereby release them from any and all claims arising out of my actions or failure to act upon their advice.
12. I give full faith that I have read and understand this document entirely, that I have received verbal explanation of the same and that my questions have been answered to my satisfaction regarding this form.
13. I am willing and prepared to declare and repeat under oath all of the above statements by request of Todd Stelik or anyone else.

I hereby consent to and authorize the above described evaluation and consultation:

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Parent or Guardian Signature (if under 18)

\_\_\_\_\_

Date

\_\_\_\_\_

Patient

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

I authorize the release of my health information to or from other providers within Community Therapeutix,, PC and my primary care providers with my approval.

\_\_\_\_\_

Patient

\_\_\_\_\_

Date