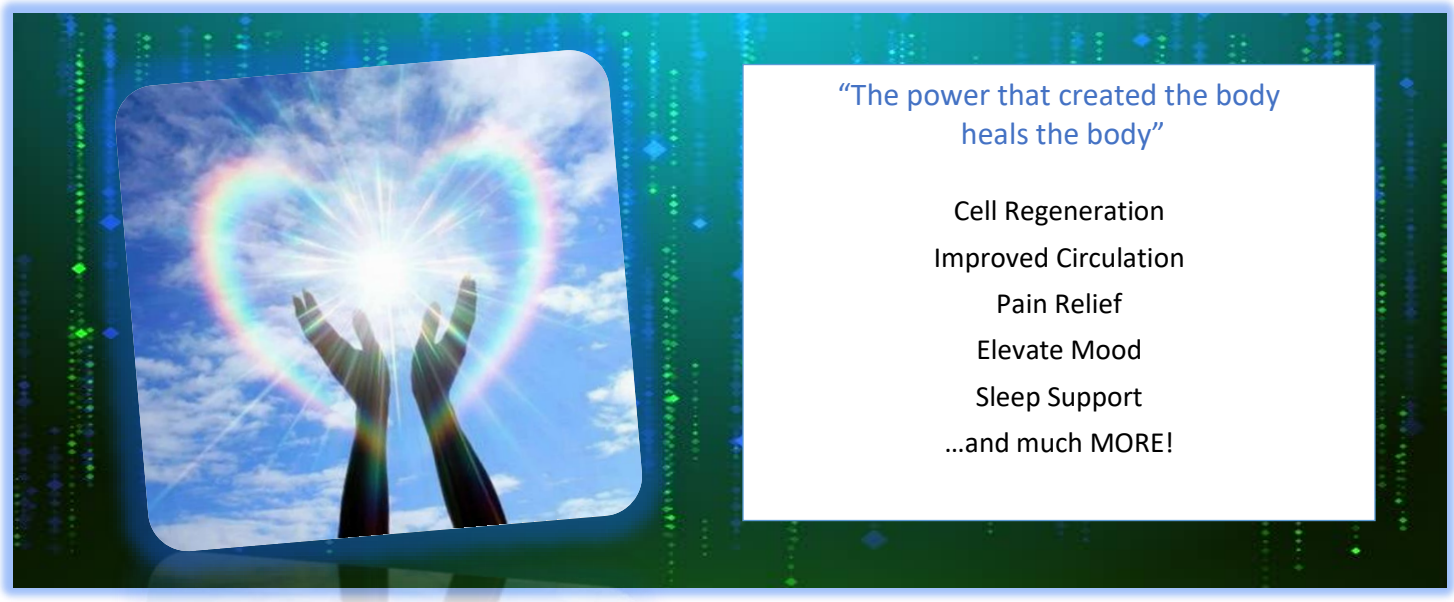
Brookfield Health & Wellness
Integrative healing for the body, mind & spirit

ENERGY ENHANCEMENT SYSTEM – THE EE System



The Energy Enhancement System (EE System) combines body, mind, sprit, and science to support optimum performance and reach higher states of health, consciousness, and self-actualization. This system generates multiple bio-active life-enhancing energy fields, including bio-scalar waves and a morphogenic energy field – also known as a torsion field or scalar vortex – that when combined with light as biophotons, can interface with the body's DNA matrix and promote healing.

This technology gives our body's the ultimate fuel it needs to rejuvenate and recalibrate us back to homeostasis. Among a myriad of benefits, by assisting in cell regeneration, this system helps to improve one's immune function, aids in body detoxification, and provides pain relief. The human body has crystalline structures in every cell wall that are capable of holding a charge. When the human body enters a Scalar field the electromagnetic field of the individual becomes excited. This excitement catalyzes the mind/body complex to return to a more optimal state. Cells in the human body, when functioning at their maximum health potential, operate in a range between 70-90 millivolts. Aging and disease occur when the cellular energy depreciates to levels below this range (with the current state of the world the majority of the population has cells functioning well below this range).

The non-linear (scalar) waves move through the matrix to the body via the crystalline structures within each cell's millivolt energy range to promote cellular regeneration. As the cells become charged, they begin to release toxins that have been held in them. Research has indicated that exposure to scalar fields can promote the repair of DNA, including breaks and genetic damage in the DNA matrix, as well as lengthen telomeres.

This technology gives our bodies the ultimate fuel for improving circulation, oxygenation and increasing cellular energy. At optimum energy levels (higher frequencies), the body can become capable of rejuvenating and recalibrating itself back to homeostasis.

The EESystem has been clinically studied by multiple 3rd party individuals. These studies have provided evidence of the potential of bio scalar energy to boost human cell regeneration, immune functions, and neurotransmitter functions. It can help eliminate and nullify effects of disruptive frequencies in the body while optimizing cellular energy levels to 70-90 millivolts.

This means that EESystem can significantly increase your energy, mental clarity, enhanced health, and overall well-being.

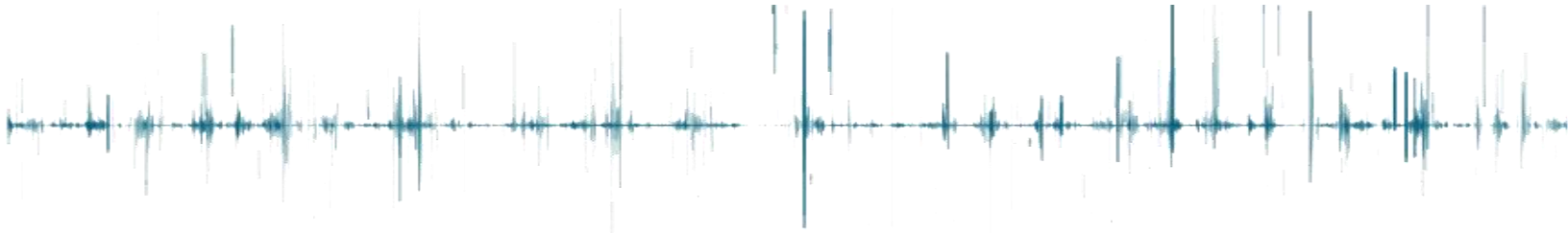
To get more of the science and to gain a greater understanding of this incredible health tool watch, The Revolution of Healing Part 1 and Part 2, an interview with Dr. Sandra Rose Michael, the inventor of this amazing system.

WHAT CAN I EXPECT TO FEEL?

You have your own divine blueprint. Each person's body has energy needs that will be prioritized by the body's wisdom. You may be surprised by how clear your brain feels and how deeply relaxed you feel within just a few hours in the EE System.

The effects of sitting in this "charged" field are cumulative. The more you are exposed, the more your body can move toward a healthy millivolt level. The body begins to rejuvenate itself and initiates a powerful process of self-healing. EESystem provides the ideal "frequency bath" and the body responds with its innate wisdom, recalibrating to homeostasis.

It is recommended that the minimal session length in the EE System, to optimize cellular health, is two (2) hours. Those individuals with significant health challenges will benefit from 4-8 hours sessions several times weekly. To assist in determining what session length is best for you please see a wellness team member and they will confer with our practitioner for best practice.



WHAT ARE SOME OF THE BENEFITS PATIENTS HAVE REPORTED AFTER EE SESSIONS?

- Improved sleep
- Increased physical stamina and energy
- A sense of peace and calmness
- Physical, emotional and spiritual harmony
- Improved focus & concentration
- Mental clarity
- Elevated mood
- Improved stress response
- Enhanced learning capabilities
- Improved immune function
- Improved pain management
- Improved sense of wellbeing
- Releasing of past traumas
- Relief from depression
- Healing & Rejuvenation

HOW DO I PREPARE FOR A SESSION?

Come with an open heart and mind and set intentions to unplug, reboot, relax and support your wellbeing.

- We ask that you please arrive 10-15 minutes before your scheduled session to ensure smooth check in and to allow for any questions you may have.
- Drink plenty of water before, during and after your EE session. Proper hydration will help your body adjust to the energy being received.
    - Complimentary water, electrolytes and teas will be available.
- Please refrain from wearing perfume
- For your comfort during a session wear comfortable clothes, bring socks, blanket, and a small pillow. Sleep during treatment is the ultimate goal.
- We discourage use of electronic devices. Bring along noise cancelling headphones to listen to your favorite meditation, podcast, or musical artist.
- Sleep masks and ear plugs are also recommended and are available for purchase.
- Bring healthy snacks for replenishment. Especially for those planning a session of four (4) hours or more.
    - No food is allowed in the EE System treatment space. A member of our wellness team will direct you to our lounge and kitchen area.
- Bring along medications and supplements to expose in the EE System to improve biocompatibility.
- An Ionic footbath is highly encouraged immediately following your session to reduce detoxification side effects. A wellness team member will be happy to assist in getting you scheduled.
- If a footbath is not completed on-site after your session a salt bath within 24 hours is recommended to flush toxins. The sea salt bath salts formulated by the EE System are beneficial and necessary for toxin extraction and are available for purchase.

WHAT TO EXPECT IN OUR 16-UNIT EE SYSTEM

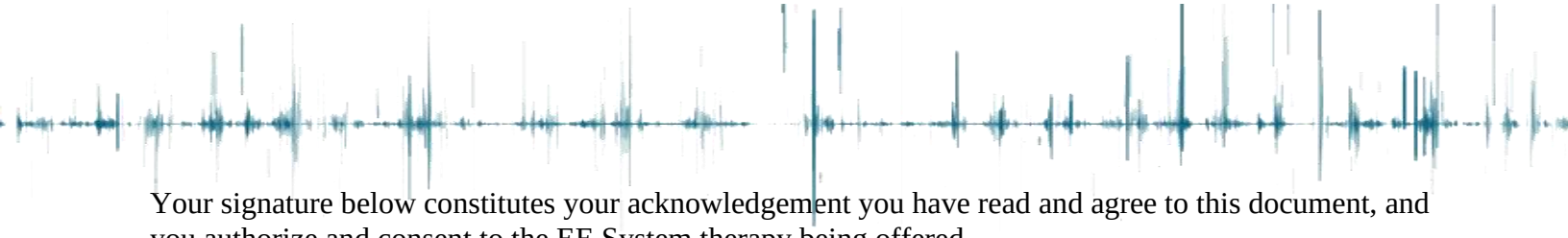
Come with clear intentions of what you want to achieve in the EE System. Prepare yourself for the deepest sleep/ meditation of your life and start to allow your body to heal itself.

The EE System room has been designed and created for your comfort and healing. During each session we ask the following:

- Be mindful of others during your EE session.
- Cell phones must be on silence and/or vibrate mode.
- Communication during a session should be kept to a minimum to ensure the optimal level of healing.
    - If you have questions, or must take a call, please step out of the healing space. Failure to comply with this requirement may result in loss of future appointments.
- To enhance your session experience, please see a team member to schedule supplemental therapies during your EE session:
    - Ionic Footbath
    - NanoVi
    - Auricular Ozone
    - 30’ Chair Massage
    - PTL II Laser Therapy
    - FSM Custom Carep

SPECIAL NOTE(S):

- ***THE SCREENS/RACK SYSTEM CAN NOT BE TOUCHED*.** Any physical contact with the EE System will create the system to be out of balance.
- All sessions must be paid at time the appointment is made.
- Cell phones must be kept on silent, or in text mode only. Non-compliance with this requirement may result in loss of future reservations.
- Results will vary for each individual.



Your signature below constitutes your acknowledgement you have read and agree to this document, and you authorize and consent to the EE System therapy being offered.

_____ _____

Client Signature Date

Brookfield Health & Wellness
Integrative healing for the body, mind & spirit

NEW PATIENT INFORMATION

Name_____ Date of Birth____/____/____ Age_____

Address_____ Home Phone_____

City_____ State_____ Zip_____ Cell Phone_____

Birth City_____ Birth State_____

Email Address_____ Work Phone_____

Gender M / F Marital Status S M D W #of Children_____ Occupation_____

Emergency Contact_____ Phone_____

Referred by_____

Confirmation of New Patient Appointment: **I understand the clinic reserves the right to charge me and my credit on file, the full-service rate for all missed appointment(S) or those appointment(S) cancelled less than the required 48 hours in advance.**

CREDIT CARD INFORMATION: Card Type V / MC / D / Amex Name on Card_____

Card Number_____ **Expiration**_____ **Security Code**_____

Health History: Please describe your five (5) most prevalent symptoms:_____

_____

_____

List any surgeries and/or hospitalizations_____

Describe the following

Sleep_____

Energy_____

Diet_____

Digest_____

Elimination_____

Pain_____

Emotional Well being_____

Medications	Supplements
_____	_____
_____	_____
_____	_____
_____	_____

List any Allergies_____

Brookfield Health & Wellness
Integrative healing for the body, mind & spirit

ACKNOWLEDGEMENT & WAIVER OF LIABILITY

I accept full responsibility for my health and voluntarily complete this *Acknowledgement & Waiver of Liability.*

I acknowledge I am seeking the consultation and treatment services of Susan B. Rohr, BSN, RN, for alternative healing suggestions and therapies, which I fully understand are not medical diagnosis or treatment or substitutes for medical diagnosis or treatments.

I certify that with respect to any medical conditions or concerns I have been advised to consult with my personal health care physician. Understand Susan B. Rohr is not a primary care physician and I do not view her as my physician. Her practice specializes in a natural approach to healing including, but not limited to, nutrition and energy therapies.

I understand I am seeking analysis and/or therapies that may not be FDA registered or approved and may not be offered by practicing physicians (allopathic or otherwise) and which may be considered experimental. These include, but are not limited to: Ondamed, Qi5 Body Scan & Balance System, Photon Genius, MCN Iasis Neurofeedback, Aura PTL II Laser Therapy Clinical Program, Ionic Footbath, FLOWpresso, HOCATT, Alpha-Stim, Whole Body Tuner and additional Rejuvenation and Detoxification and Energy Balancing techniques.

I understand and agree neither Susan B. Rohr, and any staff of Susan B, Rohr, or the staff at Brookfield Health & Wellness, LLC, make any claim whatsoever, express or implied, regarding effects or outcomes of the analysis or therapies provided, and shall not be liable for same.

My signature below indicates I have carefully read and reviewed this *Acknowledgement and Waiver of Liability* statement and I fully understand all its terms and conditions. I recognize and accept all risks and limitations involved in seeking advice and treatment therapies Susan B Rohr, Brookfield Health & Wellness, LLC, and all associates, employees, agents, and representatives thereof. Accordingly, I have not relied upon any promises, agreements, or representation by Susan B. Rohr, VSN, RN and Brookfield Health & Wellness, LLC, or any associates, employees, agents, or representative thereof, concerning the treatment provided.

UNDERSTOOD, ACCEPTED AND AGREED

_____ _____

Patient Signature Date

_____

Patient Printed Name

If minor, Parent/Legal Guardian Signature_____

Brookfield Health & Wellness
Integrative healing for the body, mind & spirit

NOTICE OF PRIVACY PRACTICES

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health care information is protected for privacy. The Privacy Rule was also created to provide a standard for certain health care providers to obtain their patient's consent for uses and disclosures of health information about the patient or carry out treatment, payment or health care operations.

As our patient, we want you to know that we respect he privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel need your health care information and information about treatment, payment of health care operations, to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients) and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your Personal Health Information (PHI), but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your PHI. If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer. You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

UNDERSTOOD, ACCEPTED AND AGREED

_____ _____

Patient Signature Date

_____

Patient Printed Name

If minor, Parent/Legal Guardian Signature_____

Brookfield Health & Wellness
Integrative healing for the body, mind & spirit

CANCELLATION POLICY

At Brookfield Health & Wellness, LLC, we understand unanticipated events occur in everyone's life. Unforeseen events such as flight delays, car problems, traffic considerations, business meetings and project deadlines, are a few reasons why one might consider cancelling a treatment. In our effort to provide a unique and tailored treatment to each of our patients, and out of consideration of our practitioner's time, we have adopted the following cancellation policy:

CANCELLATION POLICY

A credit card will be required to guarantee and reserve your *Ondamed* appointment time. Your credit card will not be charged unless you choose to use it as payment for treatments at the completion of your appointment. If, for some reason, it is necessary to cancel your *Ondamed* appointment please note a 48-hour notice is required to prevent your account from being charged.

For all other treatments, excluding an *Ondamed* appointment, a 24-houor notice is required to cancel your appointment(s). The total amount of the treatments scheduled will be charged in full for patients who "no-show" or fail to cancel his/her appointment(s) within the required 24-hour notice.

If you are booking your appointment(s) within 24 hours of the actual appointment, there is no cancellation, and you will be charged the full amount of the appointment if you fail to arrive.

LATE ARRIVAL POLICY

As a courtesy to all patients and staff, appointments will be automatically cancelled if you arrive 15 minutes past your scheduled start time and will be charged according to our cancellation policy. We regret that late arrivals will not receive extension of scheduled appointments. In special cases, and when our schedule allows, we may be able to accommodate a partial or full appointment. This will be at our discretion and only with proper, advanced notification of your late arrival.

I understand the clinic reserves the right to charge my credit card on file the full-service rate for all missed appointments or those cancelled not in compliance with the Brookfield Health & Wellness, LLC, *Cancellation Policy.*

***It is understood all packages purchased must be used with 90 days of purchase and are non-refundable and non-transferrable.*

UNDERSTOOD, ACCEPTED AND AGREED

_____ _____

Patient Signature Date

_____

Patient Printed Name

If minor, Parent/Legal Guardian Signature_____

Brookfield Health & Wellness
Integrative healing for the body, mind & spirit

RELEASE OF INFORMATION

Patient Name_____

The above patient gives permission for the individual(s) listed below to obtain information related to his/her appointment information, treatment(s), and/or health record at Brookfield Health & Wellness, LLC and Kienol Chiropractic:

Name_____ Relationship_____

Home_____ Cell_____

Email_____

Name_____ Relationship_____

Home_____ Cell_____

Email_____

Name_____ Relationship_____

Home_____ Cell_____

Email_____

_____ _____

Patient's Printed Name Date

_____

Patient Signature

If minor, Parent/Legal Guardian Signature_____

Brookfield Health & Wellness
Integrative healing for the body, mind & spirit

PHOTO / VIDEO RELEASE

I hereby grant Brookfield Health & Wellness, LLC, the irrevocable right and permission to use photographs and/or video recordings of me on websites and in publications, promotional flyers, educational materials, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the internet. I also understand and agree that I may be identified by name and/or title in printed, internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives recording tape and digital files are and shall remain the property of Brookfield Health & Wellness, LLC.

I hereby release, acquit and forever discharge Brookfield Health & Wellness, LLC, agents' officers and employees of the above-named entity from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name, or if I am less than eighteen years old that my parent or guardian has signed this release form below. This release is binding on me and personal representatives.

_____ _____

Signature of Individual Photographed/Video Recorded Date

_____ _____

Signature of Witness Date

If individual photographed/video recorded is under eighteen (18) years old, the following section must be completed:
I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

_____ _____

Signature of Parent/Guardian of Individual Photographed/Video Recorded Date

Printed Name of Parent/Guardian _____

_____ _____

Signature of Witness Date