



MEDERI CENTER

Wholistic Health and Healing
Patient Care | Research | Education

Our Practitioners

Donald Yance RH (AHG), CN received his herbal training through Sequoia College and is a professional member of the American Herbalists' Guild. He was trained as a clinical nutritionist through the National Institute of Nutritional Education and holds national certification through the Society of Certified Nutritionists.

Susan Saccomanno, ND, LAc, received her Naturopathic Doctorate and Masters of Oriental Medicine from National College of Natural Medicine. She is a naturopathic physician and licensed acupuncturist. In addition to her general practice, she has expertise in holistic cancer care. She studied under the Mederi Clinical Training Program to deepen her knowledge and skills with the Eclectic Triphasic Medical System (ETMS) founded by Donnie Yance.

Informed Consent Statement

While Donnie Yance is a Master Herbalist and certified nutritionist, the State of Oregon does not at this time license Herbalists. Mr. Yance is not a medical doctor. He does not claim to diagnose, treat or cure any medical conditions or pathologies nor prescribe medicine nor in any way represent himself as so doing. The services of an herbalist cannot replace those of a licensed physician. For any medical condition, you are advised to seek care from an appropriate medical practitioner. Whether or not you choose to engage a medical practitioner to assist in your care is your right and Mr. Yance assumes no responsibility for your decision in this matter.

I, the undersigned, assume all responsibility for decisions I make regarding my health, recognizing that (a) no claims are made that herbal, nutritional or dietary recommendations can treat or cure any medical condition (b) all recommendations are given for informational purposes only (c) there is no implied or stated guarantee of success or effectiveness of any specific dietary, nutritional or herbal recommendations (d) I am free to act upon or disregard the recommendations of Donald Yance as I so choose. I hereby release Donald Yance and Mederi Center from all responsibility for my actions and any consequences thereof in the present time and in the future with no constraints. I hereby affirm that I consent and agree to the above statements of my own free will and request to engage the services of the team including any one of these practitioners to participate in a professional relationship with them pursuant to the statements herein.

Patient Name – Please Print

Patient or Representative Signature

Today's Date

If Representative – Relation to Patient