HOLISTIC HEALTH AND WELLNESS CENTER

Client Nutrition Counseling & Wellness Services Consent Form

Thank you for choosing Holistic Health and Wellness Center. Our goal is to provide personalized, evidence-based nutrition counseling and wellness support that respects your health goals, lifestyle, cultural traditions, and personal preferences.

Services Provided

Services may include nutrition assessment, dietary and lifestyle evaluation, meal planning guidance, nutrition education, wellness coaching, supplement education, and follow-up counseling.

Client Acknowledgment

By signing this form, I acknowledge and understand that:

- Nutrition counseling and wellness coaching are educational services and are not a substitute for medical diagnosis, treatment, or care provided by a physician or other licensed healthcare professional.
- Holistic Health and Wellness Center does not diagnose, treat, cure, or prevent disease.
- Any nutrition, supplements, or lifestyle recommendations are intended to support general health and wellness and should not replace medical advice from my healthcare provider.
- I am responsible for consulting my physician regarding any medical condition, medication, treatment decision, or health concern.
- Recommendations are based on information I provide and current nutrition science and professional standards.
- Individual results vary, and no guarantees regarding outcomes, weight loss, disease prevention, or disease management have been made.

Telehealth & Confidentiality

I understand that virtual appointments may be conducted through electronic communication platforms. While reasonable measures are taken to protect privacy, complete security of electronic communications cannot be guaranteed.

All personal information shared with Holistic Health and Wellness Center will be kept confidential and handled according to applicable privacy laws and professional standards, except where disclosure is required by law or authorized by me.

Release of Liability

I voluntarily participate in nutrition counseling and wellness services and release and hold harmless Holistic Health and Wellness Center, its owner, employees, contractors, agents, and representatives from any claims, liabilities, damages, losses, or expenses arising from my participation in these services or implementation of recommendations provided.

Consent for Services

I have read and understand this Consent Form. I voluntarily agree to participate in nutrition counseling and wellness services provided by Holistic Health and Wellness Center.

Client Name (Print): _____ **Date:** _____

Client Signature: _____ **Parent/Guardian Signature (if under 18)**

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