

Practice Better

I hereby acknowledge and agree:

1. The purpose of health coaching is to improve your overall health, vitality and well-being of the mind and body through education, exploration, empowerment and support. **Marybeth Wantz CFMHC** does not diagnose diseases, disorders or conditions, but rather assists clients towards health solutions that best align with you personally.

2. **Marybeth Wantz CFMHC**, is not a licensed Dietitian, Naturopathic Doctor or Medical Physician.

3. As part of your Health Coaching Services, you may be asked to provide information concerning your physical habits, medical history, moods, energy levels, likes and dislikes, lifestyle and diet. This information is collected to enable the **Health Coach** to: (i) assess your overall state of well being, (ii) educate you about the benefits of sound nutritional practices and (iii) recommend possible changes to improve your general health, vitality and overall

well-being. The Health Coach will hold this information in confidence and will not release or disclose this information to any other person, without your prior consent, except as required by applicable law.

4. If the Health Coach suspects the existence of disease, disorder or condition, you will be informed of this suspicion. However, you acknowledge this is not a diagnosis about the state of your health and that you will be directed to promptly consult a licensed Physician or Naturopath about any suspected problems, whereby we will work together to help you best implement the recommended treatment plan.

5. Should I request that **Marybeth Wantz CFMHC**, recommend dietary changes and to enhance my body's natural ability to resist and/or overcome

a known disease, disorder or condition, it is my responsibility to disclose the nature of the disease, disorder or condition and all other relevant details . If I have not previously consulted a licensed Physician or Naturopath about this disease, disorder or condition, I acknowledge that I will be directed to do so. I am not to alter or discontinue treatments prescribed by a licensed Naturopath, Physician or other licensed health professional without consulting the individual who prescribed the treatment.

6. In providing Health Coaching Services to me, the **Marybeth Wantz CFMHC**, is relying upon the truth, accuracy and completeness of all information I have provided to her. Any recommendations I follow for changes in a diet and lifestyle plan, including the use of nutritional supplements, are entirely my responsibility.

7. **Marybeth Wantz** is in no way liable for my health or safety.

8. In consideration of my participation in the Health Coaching **Services**, I hereby accept all risk to my health and I hereby release **Marybeth Wantz CFMHC**, on my behalf and on behalf of my personal representatives, estate, heirs, next of kin, and assigns from any and all costs, claims, causes of action and damages arising from any and all illness or injury to my person.

9. 24hrs. is required for cancelling appointments. Appointments cancelled within 24 hrs. of your appointment time, is subject to be billed to your account.

10. I understand that any therapies I undertake with Marybeth Wantz CFMHC are undertaken of my own free will. I accept that the ultimate responsibility for my health care is my own and that Marybeth Wantz CFMHC is here to support me in this. I understand that my practitioner reserves the right to determine which cases fall outside their scope of practice, in which event an appropriate referral will be recommended. I hereby agree to assume full responsibility for any manner of loss, injury, claim or damage whatsoever, known or unknown, incurred as a result of

same and I, my heirs, executors, administrators or assigns for any loss, injury, claim or damage sustained as a result of my attendance and/or participation. I have read the above release and waiver of liability, and fully understand its contents and voluntarily agree to the terms and conditions stated.