

Agreement for Health & Wellness Coaching

This form covers health & wellness coaching services given by **Kelly Brink LLC**. Though Dr. Kelly Brink is a Holistic Doctor of Natural Medicine and, Licensed Registered Nurse, she is **functioning in a non-licensed, health & wellness coaching role**. **Dr Brink does not diagnose, treat, or prescribe.**

Please read this form carefully.

I hereby agree to the following:

I understand that health and wellness coaching is a relationship I have with my coach designed to facilitate the creation/development of my best life, and I express how my coach can assist. I understand that health and wellness coaching is a comprehensive process that may involve all areas of my life and could include work, finances, health, relationships, education, and activities and that deciding what to do in these realms is my responsibility. I understand and agree that I am responsible for my physical, mental, and emotional well-being during my coaching appointments. Any choices I make from recommendations made during my coaching appointments are fully my responsibility. Coaching does not involve diagnosis or treatment of physical or mental disorders, and I will not use it in place of any other diagnosis, therapy, or treatment given to me by other medical, legal, financial, or other qualified professionals. Coaching may not be appropriate for all people. I understand that coaching and suggestions made will not be used to diagnose, treat illness, or give medical advice. The information is general only and should be used as guidance on ways to balance my body at the levels of mind, body, and soul. **Kelly Brink LLC is available to offer support and encourage you with the health decisions you make for yourself.**

I understand that if I am suffering from a disease or severe symptoms that have not been evaluated by a medical doctor or another licensed healthcare professional, I must be evaluated by my primary care physician. If I choose not to, by signing this consent, I acknowledge that a consultation with my primary care physician has been recommended to me.

I understand that information I give to **Kelly Brink LLC** is confidential unless I state otherwise, in writing. However, I understand that if I report abuse, neglect, or threaten to harm myself or someone else, necessary actions will be taken, and my confidentiality agreement will not limit this capacity.

As a client, I understand and agree that I am fully responsible for my well-being during my coaching sessions, including my decisions and choices. I may discontinue my coaching sessions with **Kelly Brink LLC** at any time. I know that coaching is not psychotherapy, counseling, or any medical alternative. I understand coaching is not a substitute for counseling, psychotherapy, or mental health, and will not use it in place of any form of therapy or medical advice. I agree I am well-adjusted, mentally healthy, and ready for coaching. It is my responsibility to consult my healthcare provider before participating in coaching with **Kelly Brink LLC**. Should I choose not to consult my primary health care provider, I accept full responsibility & waive all rights to liability or any claims against **Kelly Brink LLC** or any affiliated administrators, or employees. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above-named event or activity.

I forever release **Kelly Brink LLC** from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives now have or may have in the future, for injury, death, or property damage, related to my participation in this activity or for the negligence or other acts, whether directly connected to this activity or not. I agree, I the client would be responsible for attorney fees for all parties if a lawsuit is filed.

I understand that I am responsible for the fees if I cancel in less than 24 hours. The missed sessions will not be made up.

I am choosing to participate in coaching services with **Kelly Brink LLC**. Any suggested Exercise, Meditation, Treatments, Supplements, Diets, or Reading Material is just a suggestion. It is my choice to perform or read any suggested material and I do them at my own risk. Kelly Brink LLC is here to empower the client to take responsibility for their health, and to support the client's efforts to implement and sustain a healthy lifestyle.

I have read and understood the contract as written here and agree to all terms.

Client Name (print): _____

Client Signature: _____ Date: _____