



Think well. Do well. Be well.

CONSULTATION CONSENT FORM

CONSULTATION

CLIENT is of legal age and is requesting a Consultation with Kim Muehlbauer, Herbalist, Coach and Wellness Lifestyle Practitioner. CLIENT understands that this Consultation is not intended to replace medical care and that CLIENT will seek medical treatment from a licensed health care provider if required.

HEALTH CONDITION DISCLOSURE

CLIENT understands that botanical and nutritional supplements may be contraindicated with certain health conditions. For this reason, CLIENT confirms that he/she has had a general physical from a Medical Doctor within the last 12 months and has disclosed any conditions diagnosed from this physical on the Intake Form.

HERBAL DISCLAIMERS

CLIENT understand that herbal medicine is not regulated nor approved by the Federal Drug Administration (FDA) unless otherwise noted. CLIENT understands that no guarantees are made or implied regarding results from botanical, nutritional supplements or natural healing methods, and that achieving wellness requires CLIENT'S commitment to his/her own good health.

NO OBLIGATIONS

CLIENT is under no obligation to follow the recommendations made by or purchase botanical supplements through Kim Muehlbauer.

SCHEDULE AND FEES

The time of Consultations and/or location will be determined by CONSULTANT and CLIENT based on a mutually agreed upon time. CLIENT will initiate all scheduled calls and will call CONSULTANT at the following number for all scheduled Consultations: 571-218-0481 or other agreed upon video conference venue. If CONSULTANT will be at any other number for a scheduled Consultation, CLIENT will be notified prior to the scheduled Consultation time.

- CLIENT is responsible to be on time for scheduled Consultations.
- CLIENT will schedule Consultations and make all payments in advance of Consultations through the website: www.TheWellnessMindsetCOACH.com/services

CANCELLATION POLICY

CLIENT agrees that it is CLIENT's responsibility to notify CONSULTANT 24-hours in advance of the scheduled session. CLIENT is responsible for payment and will not be reimbursed if he/she cancels or reschedules session without a 24-hours' notice.

CONFIDENTIALITY

The Consultation, as well as all information (documented or verbal) that CLIENT shares with CONSULTANT as part of this relationship, is bound by the Principles of Confidentiality. However, the CONSULTANT-CLIENT relationship is not considered a legally confidential relationship (like medical and legal professions) and thus communications are not subject to the protection of any legally recognized privilege.

- CONSULTANT agrees not to disclose any information pertaining to CLIENT without CLIENT's written consent.
- CLIENT understands that certain topics may be anonymously and hypothetically shared with other Wellness Professionals for training or consultation purposes.

LIMITED LIABILITY

Except as expressly provided in this Consultation Consent Form, CONSULTANT makes no guarantees, representations or warranties of any kind or nature, express or implied with the respect to Consulting Services negotiated, agreed upon and rendered. In no event shall CONSULTANT be liable to CLIENT for any indirect, consequential or special damages.

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ AND CONSENT TO THE ABOVE.

CLIENT Printed Name

CLIENT Address

CLIENT Signature

Date Signed