

# **ADVANCED CANCER COACHING, LLC**

## **Acknowledgement and Consent Agreement**

### **Section 1 – Acknowledgment of Treatment & Consent**

I, \_\_\_\_\_, understand that Mark Simon is a Clinical Nutritionist and Certified Holistic Cancer Coach practicing in the State of California. Mark Simon is not a licensed medical doctor and can not provide medical advise or prescribe pharmaceutical drugs.

Mark Simon is not a registered dietitian (RD) or is not a registered dietitian nutritionist (RDN) and can not practice medical nutritional therapy (MNT).

Mark Simon’s specialization is in providing nutritional and lifestyle support to assist in the process of healing from cancer. The nutritional and lifestyle counseling services provided are intended to augment conventional medical procedures and practices.

I understand and agree that Mark Simon may use any and/or all these modalities in order to assist me in healing from conditions believed to be related to nutritional imbalances, deficiencies or excesses. Nutritional Supplements, Herbs, Plant-Based Diet, Fasting, Raw Food Diets, Juicing, Blending and Food Combining.

I understand that Mark Simon is the Director of Nutritional Oncology Research Institute and can share published scientific studies to help guide and support your personalized treatment plan.

### **2 – Responsibility**

I understand that the follow through and success of healing is completely in my hands, and that Mark Simon is simply a facilitator who empowers me through nutritional and lifestyle counseling so I can make informed decisions about my diet and lifestyle. I understand that I am responsible for my own health, healing and well being. I understand that Mark Simon cannot diagnose, treat, heal or cure me of anything.

### **Section 3 – Informed Consent**

I understand I have the ability to heal myself by taking care of my body, resolving my emotional issues, changing my thinking, believing my intuitive insights and following a course of treatment that works with nature than against it. I understand that it is my responsibility to advise Mark Simon of any medications I take and of any therapies I am undertaking. I understand that it is my responsibility to advise Mark Simon of any allergies or sensitivities I have. I understand that nutritional healing is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

## **Section 4 – Information to Prevent Harm**

I understand all healing may cause me some minor discomfort in the form of aches and pains, headache, emotional release and/or increased emotionality. I understand that it is my responsibility to report all contraindications, and that they may result through no fault of myself or Mark Simon. If I have concerns about these things, I will keep Mark Simon fully advised so that intervention may be terminated if necessary or revised to minimize any harm to me. I understand that I may lose weight, have facial blemishes, become allergic to some foods or that these services may have no effect on me because of factors beyond my control or the control of Mark Simon. I understand that my health and healing is my responsibility; and I choose to use the holistic healing services of Mark Simon with full knowledge that the nutritional programs may cause unusual symptoms that are temporary. I have reviewed appropriate use of all nutritional supplements and I hold Mark Simon harmless if I consent to therapeutic use of those supplements.

## **Section 5 – Client Confidentiality**

I understand Mark Simon will keep all information about me completely confidential unless I release her in writing or as required by law. I further understand Mark Simon will not acknowledge my presence or discuss anything with me publicly unless I initiate the conversation and the topics of discussion. I understand my identity and any information about me, whether I share it with Mark Simon or he discovers it on his own, will be held in strictest confidence, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or in part at any time.

## **Section 6 – Conflict Resolution**

I agree to settle any disagreements I have with Mark Simon and if this is not possible, then I agree to turn our concerns over to professional mediation service to mediate an agreement acceptable to both myself and Mark Simon.

## **Section 7 – Fees and Payments**

I understand that I agree to pay Mark Simon according to a payment option that I have selected. Payments are preferred to be paid prior to the coaching or consulting session but may be paid after the session. Payments may be submitted online with a debit or credit card, paid with Zelle or a check may be mailed to the address below.

Services are offered at discounted rates or at no-cost for individuals experiencing financial hardship.

**Section 8 – Acknowledgment of Understanding**

I have thoroughly read and understood all sections of this Acknowledgment & Consent Agreement, and I accept all terms and conditions set forth within this agreement between Mark Simon and myself.

Printed Name of Client: \_\_\_\_\_

Address: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Name if other than client: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Please scan and email this form to: [msimon20@earthlink.net](mailto:msimon20@earthlink.net) or you may mail it to:

Mark Simon  
5700 Corsa Ave. Unit 105  
Westlake Village, CA 91361

If there are any questions regarding this agreement, please call Mark Simon at 805-405-2031.