



**INFORMED CONSENT**  
**WannaSmile Functional Medicine Health Coaching Services**

I \_\_\_\_\_ (client), agree by my signature below, that I acknowledge the following and would like to initiate health coaching.

- I affirm that I am at least 18 years of age or older.
- I understand that participation is voluntary and I may withdraw at any time by notifying my coach via phone or email.
- I am aware that the first coaching session will be approximately \_\_60\_\_ minutes and follow-up sessions will be approximately \_\_30\_\_ minutes thereafter.
- I am aware that health coaching will take place at/from 36 Wondy Way, Danbury, CT 06811, or designated location, accessed physically, by phone at 203-788-7589, or by Zoom invitation at a day and time that is mutually agreed upon.
- I understand that I am expected to make all appointments on time and will contact my coach at least 24 hours in advance if an unavoidable conflict arises.
- I am aware that I will receive health coaching from a Functional Medicine Certified Health Coach.
- I am aware that coaches are not healthcare providers and coaching does not replace seeing a licensed physician.
- I understand that this coaching relationship is in no way to be considered or construed as psychological counseling or any type of therapy or medical intervention.
- I understand that coaching is its own unique process that draws upon strategies for goal attainment and my health coach will guide me towards reaching my health and wellness goals.
- I am aware that coaching results cannot be guaranteed.
- I affirm that I am fully responsible for the choices and decisions in my life, and am responsible for my own results.

- I agree that it is my responsibility to tell my coach what works and what does not work, and to be honest about how I would like to be coached.
- I understand that the coach may release me from coaching for any reason, including but not limited to, inappropriate conduct of my doing.
- I agree to hold the coach free of all liability and responsibility for any actions or results for adverse situations created as a direct or indirect result or specific referral or advice given by the coach.

This agreement may be extended or terminated by mutual agreement. The coaching services provided to me will include a supportive, comprehensive process for attaining health and wellbeing goals. Topics that I may choose to talk about include nutrition/diet, exercise, sleep, stress management, time management, work goals, relationship goals, finding meaning/purpose, and health challenges.

As a client, I understand and agree that I am fully responsible for my well-being during my coaching sessions, including my choices and decisions.

CONFIDENTIALITY: As a matter of ethics, my coach, by the signature below, affirms that he/she will maintain strict confidentiality about all information shared by me. The only exception is if my coach has reasonable cause to believe there are threats of serious harm to myself, or others. My coach is then obligated to report the situation to the proper agent.

Our signatures on this agreement demonstrate the intent to fulfill the intentions and requests above, and reflect a complete understanding of the services provided.

**Client Name**

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**Client Signature**

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**Coach Name**

Wanda M. Nelson, RDH, MS, FMCHC

**Coach Signature** *Wanda M. Nelson, RDH, MS, FMCHC*

**Date** \_\_May 1, 2020\_\_