

HEALTH UNLIMITED--BEYOND THE BASICS

Informed Consent Form & Disclaimer

I am employing the counseling services of Sana Keller, MS, RN, CNC, MH, HHP of Health Unlimited LLC so that I can obtain information and guidance about health factors within my own control, such as nutrition and holistic lifestyle behaviors, in order to support my overall health and wellness.

I understand that Sana Keller, MS, RN, CNC, MH, HHP is a Registered Nurse and Certified Nutritional Consultant and does not diagnose, dispense medical advice or prescribe treatment. She provides education to enhance knowledge of health as it relates to food, dietary/herbal supplements, integrative health modalities, and holistic lifestyle behaviors. While Integrative Health measures can be an important compliment to medical care, I understand Integrative Health Consultation is not a substitute for the diagnosis, treatment, or care of disease by a licensed physician.

I assume all responsibility for decisions I make with regards to my health. I understand that no specific claims are made that recommendations received can cure or treat any specific medical condition. I understand that all recommendations provided are to be used for educational and informational purposes only. In addition, there are not any stated or given guarantees of success.

I understand that Sana Keller, MS, RN, CNC, MH, HHP will keep appointment notes as a record of our work together. These records will be stored in a secure location. Medical records, personal information and history will be kept strictly confidential unless I consent to sharing my medical and nutritional information by way of a signed release.

I agree to hold Sana Keller, MS, RN, CNC, MH, HHP and *Health Unlimited LLC* harmless for claims or damages in connection with our work together. This is a contract between myself and Sana Keller, and I understand that it is also a release of potential liability.

I affirm that I consent and agree to the above statements in this Disclaimer and Consent form and agree to this Integrative Health Consultation on my own free will.

Payment is required at the time of service. Cash, check and major credit cards are accepted.

CLIENT'S NAME (Please Print)

CLIENT'S SIGNATURE

DATE