



Mailing Address: Silke Heine,
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Waiver for a POST FIT Test Review

1. I fully understand that Silke Heine, PhD, owner of Simplify Holistic Nutrition Inc. is a Holistic Nutrition Consultant/ Functional Medicine Health Coach, and she has degrees in Holistic and Functional Nutrition as well as a Certification in Functional Medicine Health and Wellness Coaching.
2. I fully understand that the services are not covered by insurance. I also understand that the services offered by Silke Heine are not a replacement for medical treatment by a licensed physician or therapist.
3. I fully understand that **Silke Heine is not a Medical Doctor or physician, or therapist and does not diagnose, treat, or cure any disease or pathological medical condition, or prescribe any medication.** I am here for a nutritional consultation, or health coaching not a medical diagnosis or treatment. I understand that Silke works with food/nutritional advice ONLY. I understand that no claims may be made against Silke or Simplify for results of dietary/nutritional/food suggestions.
4. I have solicited the services of Silke Heine located in MA, in good faith, exercising my free will and following the dictates of my own conscience, which allows me to select what I understand is most beneficial to my health.
5. I fully understand that Silke Heine is in no way encouraging me to discontinue or disregard any medication or medical advice given by my primary care physician or any other medical professional.
6. If I am accompanying a minor or incompetent person, I declare that I am legally responsible for them.
7. I do understand that it is my responsibility to discuss any dietary changes with my primary care physician or any other medical professional prior to implementing a new regiment.

I have read and understood all the above and accept the above agreement and release of liability and the terms of the agreement, release, and waiver. My signature on this agreement demonstrates the intent to fulfill the intentions and requests above and reflects a complete understanding of the services provided.

FIT Test from KBMO Diagnostics

I understand that KBMO Diagnostics is performing the lab work for the FIT Test. Simplify, Holistic Nutrition Consulting does not warrant the accuracy of the lab work and I release Simplify Holistic Nutrition Consulting from all liability and hold it harmless from claims.

I understand that I am unable to receive a Nutritional treatment plan concerning a specific health/medical issue from Silke Heine if I live in a state where certain restrictions exist which prohibit this. These states may include Alabama, Arkansas, Delaware, District of Columbus, Florida, Georgia, Illinois, Iowa, Kansas, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Rhode Island, South Dakota, Tennessee, or Wyoming.

I understand that state laws change and Silke does not warrant the accuracy of this list at today's date. Silke Heine will only be able to educate me about the foods tested in the FIT Test. I am responsible for seeking medical advice from a state licensed medical professional who recommended that I get educated on food topics and nutrition by Silke Heine. I will discuss the Gut Barrier Panel with my licensed medical /healthcare provider.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Client Name (printed) _____ Phone number _____

Address _____

E-mail _____

Client Signature _____ Date _____

IMPORTANT: Please completely fill out this waiver and return it via e-mail

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