



# SIMPLIFY

Holistic Nutrition Consulting  
& Functional Medicine Health  
and Wellness Coaching

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## Waiver

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 a degree in Holistic 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 are made 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 prior to implementing a new regiment.

**8. I understand that I am unable to receive Nutrition Advice geared towards a medical condition from Silke Heine if I live in one of the named states: 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. Silke Heine will only be able to educate me about nutrition topics.**

In consideration **of my receiving health coaching services from Silke Heine,** I do hereby waive, release, and forever discharge my coach (her) from any and all responsibility or liability for injuries or damages resulting from my engagement in any activities, including, but not limited to dietary changes, exercise, stress management, arising out of my participation in any activities under such coaching.

I understand that my health coach is neither a psychological nor medical professional.

**The goal of coaching is to create a supportive alliance in which I can attain my own stated goals.**

I agree that using any or every part of this health coaching service is entirely at my own risk. Health coaching services are provided "as is," without warranty of any kind, either express or implied, and relies on the information I have given Silke Heine.

I understand that I may be coached in nutrition, stress management, emotional resilience, life visioning. These services may be requested or rejected at my own free choice. I am free to discontinue coaching at any time.

Health coaching services are not meant to be a substitute for counseling or treatment for mental health problems.

Health coaching is an excellent way to gather individualized information by which my own decisions can be made.

The method and process by which this advice and direction are given in no way would constitute an agreement or liability on Silke Heine and is acknowledged to be different in many ways than a one-on-one clinical or psychological counseling process.

I have read and understood all the above and accept the above agreement of 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. Silke Heine from Simplify, Holistic Nutrition Consulting will explain the FIT Test results to me and provide me with the necessary recommendations based on my blood test results.

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 Nutrition Advice or Care geared towards a medical condition from Silke Heine if I live in one of the named states: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Illinois, Iowa, Kansas, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Rhode Island, South Dakota, Tennessee, or Wyoming. Silke Heine will only be able to educate me about nutrition topics. 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: Completely fill up this waiver and send it either via e-mail, mail, or fax.***

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