



# SIMPLIFY

Holistic Nutrition Consulting

Mailing Address: Silke Heine, 94 Canonchet Trail, Marshfield, MA 02050

E-mail: [Silke@simplifyholisticnutrition.com](mailto:Silke@simplifyholisticnutrition.com)

Contact: 781-883-5951

Fax: 001-781-319-0103

## Waiver

1. I fully understand that Silke Heine is a Nutritional Consultant and she has a degree in Holistic Nutrition.
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.
3. I fully understand that Silke Heine is not a Medical Doctor or physician, and does not diagnose, treat, or cure any disease or pathological medical condition, or prescribe any medication. I am here for a nutritional consultation, not a medical diagnosis or treatment. I understand that no claims are made for results of dietary/nutritional suggestions.
4. I have solicited the services of Silke Heine 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 hereby acknowledge that I have read and understand this document in its entirety.
8. I do understand that it is my responsibility to discuss any dietary changes with my primary care physician prior to implementing a new regiment.

## 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 review the FIT Test results with 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.

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) \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** Completely fill up this waiver and send it either via e-mail, mail, or fax.

**Mailing Address:** Silke Heine, 94 Canonchet Trail, Marshfield, MA 02050

**Contact:** 781-883-5951 | **E-mail:** [Silke@simplifyholisticnutrition.com](mailto:Silke@simplifyholisticnutrition.com) | **Fax:** 001-781-319-0103