



Holistic Wellness Buddy, LLC
...your partner in health

Informed Consent Agreement for Wellness Session with Buddy Ross

I understand that:

- the services that Buddy Ross provides are holistic/integrative modalities
- these services are not considered a replacement or substitute for medical care or therapy
- it is recommended that I seek appropriate medical care and therapy at all times

I understand that Buddy Ross is an Integrative/Holistic Nurse Consultant, Traditional Naturopath, Certified Wellness Inventory Coach and that she is not a licensed physician, naturopathic physician, psychologist or mental health professional. I am aware that she neither diagnoses, prescribes, treats, cures or heals any physical, emotional, psychological, or mental conditions or illnesses.

I accept responsibility for my physical, emotional, psychological, mental and spiritual well-being and for my reactions and responses to any information presented in the services provided by Buddy Ross. I acknowledge that information obtained through these services (including, but not limited to wellness coaching, natural health consultation, and lifestyle education) are for informational and educational purposes only. I further acknowledge that actions taken based on the information obtained through these services are my responsibility. I agree that the services provided by Buddy Ross are subject to my own interpretation.

If I am requesting a wellness session to be done at a health care facility, I understand it is my responsibility to get permission from the health care facility and coordinate a time with that facility and with Buddy Ross.

I acknowledge that it is recommended that I seek the advice of a physician and pharmacist before using any nutritional supplements I am educated about.

I understand that these services are offered only to those persons who are of legal age (18) at the time of the scheduling of the session. If I am not 18, I will provide a written consent from a parent or legal guardian in order for the service(s) to be provided.

I further acknowledge and understand that any conversation had and information provided during these services shall be considered confidential and shall not be disclosed except as required by law.

If I **request** information from these sessions to be shared with my health care provider, I will provide written consent, name and address of the health care provider.

I acknowledge that I have voluntarily agreed to participate in the services offered by Buddy Ross and I request Buddy Ross to perform these services. I confirm in this Informed Consent the conditions of my participation in these services to be performed by Buddy Ross. I am aware that this Informed Consent contains a release of liability and a contract between myself and Buddy Ross, and agree to these terms when I purchase a service or product recommended by Buddy Ross.

