



Consent Form and Waiver

INFORMED CONSENT FORM AND TERMS FOR NUTRITIONAL COUNSELING

I, _____, give consent to Well with Ness, LLC and Dr. Vanessa Lara, PhD, CNS® to provide nutrition counseling to myself or the client for which I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle.

I understand that Dr. Lara is not a medical physician. Thus, she will not diagnose medical conditions, but will provide nutritional support and nutrition education for an already diagnosed condition. While nutritional support can be important to my health and disease management, I understand these services are not a substitute for medical care.

Methods of nutrition evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessments are intended as a guide to developing an appropriate health lifestyle and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in session to Well with Ness, LLC and Dr. Lara will be kept confidential, unless I consent to sharing my medical information.

I hereby release and discharge, indemnify, and hold harmless Well with Ness, LLC and Dr. Lara from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I receive from Well with Ness, LLC and Dr. Lara. I have read this consent form and terms contained herein carefully. I understand the terms of this form and fully and voluntarily agree to be bound by them.

_____ I give Dr. Lara and Well with Ness, LLC permission to share my information (anonymously) with colleagues for assistance and/or as case study presentations for educational purposes.

_____ I do not give Dr. Lara and Well with Ness, LLC permission to share my case under any circumstances.

Client or Legal Guardian's Signature

Date

Printed Name

Date