

Code to Healing

Personalized wellness guidance, founded in epigenetics

*Services provided by:
Meaghan Stoinski, DPM
Epigenetic Specialist
Certified 3X4 Genetics Practitioner*

Nutrition and Wellness Coaching Consent Form

1. Disclaimers

1.1 I, the client, give consent to Meaghan Stoinski to provide nutrition, health, and wellness coaching to myself or any individual for which I am legally responsible. I understand that Meaghan Stoinski does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to foods, dietary supplements, and behaviors associated with wellness, nutrition, and lifestyle habits. While nutritional and botanical support can be an important complement to my medical care, I understand nutrition and wellness counseling is not a substitute for diagnosis, treatment, or care of disease by a medical provider.

1.2 If the Client is under the care of a healthcare professional or currently uses prescription medications, the Client should discuss any dietary changes or potential dietary supplement use with his or her primary care physician, and should not discontinue any prescription medications without first consulting his or her primary care physician.

1.3 The Client acknowledges that the care that they receive during their nutrition and health coaching sessions is separate from the care that they receive from any medical facility in that the nutrition coaching sessions are in no way intended to be construed as medical advice or care. The client should continue regular medical supervision and care by their primary care physician.

1.4 The services provided by Meaghan Stoinski are intended to help the client meet his/ her nutrition and health goals and may complement the care of other healthcare providers but are not a substitute for medical care. Any assessment methods that the client takes part in will serve as a guide to help him/her in the development of an appropriate nutrition and health program tailored to his/her individual needs and help him/her monitor progress in meeting these goals. **It is the client's responsibility to decide which dietary and lifestyle changes to follow and to discuss any potential risks, alternatives and benefits of these changes with Meaghan Stoinski and the client's other healthcare provider(s).** It is important that the client keep the other member(s) of his/her healthcare team informed of any changes to the client's nutrition and health program as a result of working with Meaghan Stoinski. The client understands that Meaghan Stoinski does not have control over how he/she may use the information provided and, therefore, Meaghan Stoinski will not be held responsible for the client's actions.

1.5 I understand that while research based recommendations are given, no claim is made as to the certain efficacy of any nutritional or supplement protocols. Additionally, I understand that this program may also include recommendations in regards to bringing balance to the physical, emotional, mental and spiritual components of my being. These recommendations may include but are not limited to, stress reduction techniques, food modifications, sleep hygiene, and general techniques to increase movement. I understand that adopting any of these recommendations is voluntary and by choice.

1.6 I also understand that in some cases lab testing may be recommended. If I choose to engage in lab testing, I voluntarily consent to such testing and I fully understand and agree that Meaghan Stoinski is not acting as a medical practitioner or providing medical therapy services in any way. I understand and agree that lab testing results and recommendations are not attempting to diagnose, treat, or cure, in any manner whatsoever, any disease, condition or other physical or mental ailment of the human body. Rather, I understand and agree that the lab testing results are shared with me for purely educational and informative purposes.

1.7 The nutrition and health advice given by Meaghan Stoinski is solely based on the information provided by the client. It is the client's responsibility to provide complete and accurate information. Any misinformation, inaccurate or omitted information may affect the assessment and/ or recommendations given. Any misrepresented information is the client's responsibility entirely and Meaghan Stoinski will not be liable.

1.8 I understand that every client is individual. It is not possible to determine in advance how he/she will progress when starting a wellness program. It is sometimes necessary to adjust the client's program as a result, and it is important that he/she stays in contact with Meaghan Stoinski regarding his/her progress and any concerns or questions he/she may have in order to proceed with the best course of action. The client acknowledges and understands that no warranties or representations have been made to him/her regarding the results he/she will achieve from this wellness program. The client understands that results are individual and may vary.

1.9 The client agrees that all of the information he/she receives from Meaghan Stoinski is for the client's personal use and may be shared only with his/her immediate family and healthcare team. No part of this information may be reproduced, stored in or introduced into a retrieval system, or transmitted, in any form or by any means including, but not limited to, electronic, mechanical, photocopy, recording without the prior written permission of Meaghan Stoinski. The client also agrees that he/she will not participate in or encourage electronic piracy of copyrightable materials.

2. Personal Responsibility and Release of Health Care Related Claims

2.1 The Client acknowledges that the Client takes full responsibility for the Client's life and well-being, as well as the lives and well-being of the Client's family and children (where applicable), and all decisions made during and after the duration of the client's nutrition and wellness coaching sessions.

2.2 The Client expressly assumes the risks of nutrition and wellness coaching sessions, including the risks of trying new foods, and the risks inherent in making lifestyle changes.

2.3 The Client releases Meaghan Stoinski from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in lay or equity, which the Client ever had, now has or will have in the future against Meaghan Stoinski, arising from the Client's past or future participation in, or otherwise with respect to, the nutrition sessions, unless arising from the gross negligence of Meaghan Stoinski.

3. Confidentiality

3.1 Meaghan Stoinski will keep the Client's information private, and will not share the Client's information to any third party unless compelled to do so by law or with the consent of the Client.

3.2 Communication platforms, through which recommendations are given by Meaghan Stoinski, will be maintained as confidential through secure and password protected devices for all virtual sessions.

3.3 The client may be in contact with Meaghan Stoinski using email communication to relay such items as appointment times and for brief check-ins to discuss progress. However, it is the decision of the client what to include in his/her email communication and he/she takes full responsibility for the security of this information.

4. Payments and Refunds

4.1 Payments are due prior to service via Wix secure applications via secure transaction. There are no refunds for payments made to Meaghan Stoinski with the exception of cancellation policy procedures listed below.

5. No-Show/Cancellation Policy

5.1 In the event that the Client cancels an appointment greater than 24 hours prior to a scheduled appointment, a full refund will be issued. In the event that the Client cancels an appointment 24 hours or less prior to a scheduled appointment, 50% of funds will be refunded. In the event that the Client does not show up to an appointment, Meaghan Stoinski reserves the right to maintain 75% of the session payment fee.

5.2 The above refund policies may be disregarded in the event of an emergency.

The client hereby affirms consent and agreement to the above statements set forth in this form and agrees to partake in the service(s) and/or program purchased with Meaghan Stoinski by his/her own free will.

Client name: _____

Client Signature: _____

Date: _____