



wellnesswithariella

Informed Consent Form for Health & Nutritional Coaching

Ariella Viner, MS, CNS, LDN goals are to help you achieve the highest state of health consistent with your own goals. Health and nutritional coaching support clients who wish to cultivate positive and healthy lifestyles. The coaching relationship assists clients develop understand their needs, develop health goals identified by the client or by their physician or other licensed professional. The coach provides education about health options the client can explore with their physician, other health professional or on their own as appropriate. Coaching encourages self-health management to assist clients formulate their health goals and devise and follow strategies to implement lifestyle and behavior changes. Coaching and educating about healthy choices and available resources is tailored to a client's particular needs so that they may make informed choices about their health options. Choices are driven by the client's perception of their needs and any health goals. Coaching offers support; questions regarding the diagnosis or treatment of any health or nutritional condition should be directed to the client's physician, nutritionist or other health care professional.

Ariella Viner MS, CNS, LDN coaching may include support for nutritional programs recommended to client and can include advice for good dietary choices and habits, support for weight loss, menu planning, exercise, and coaching about lifestyle changes supporting greater health and function.

Non-Medical Disclaimer

Ariella Viner MS, CNS, LDN is not a medical doctor. Coaching services do not include diagnosing or treating disease, are not intended to prescribe any intervention for a particular symptom, illness or disease and are not a substitute for medical care. Educational coaching session can serve as an excellent adjunct to a medical doctor's treatment and are intended to expand a client's consideration of available options that can be discussed with the client's physician or other health care practitioners. No aspect of a coaching session should be understood as a basis to avoid any diagnostic work-up or discontinue any medical treatment. Clients should follow-up with their physician or other health care practitioners to discuss any modifications they intend to make to their health protocols, to evaluate any testing results or to change protocols as necessary.

Practitioner's Education

Ariella Viner is a Licensed Dietitian Nutritionist (LDN) in the state of Illinois through The Illinois Department of Financial and Professional Regulation (IDFPR); she is a Certified Nutrition Specialist (CNS) through the Certification Board for Nutrition Specialists. Ariella Viner received her Master of Science in Integrative Nutrition from Maryland University of Integrative Health in 2018. Ariella Viner received her Integrative Holistic Health Coach Certification from the Institute of Integrative Nutrition in 2017. She received her undergraduate education in Hospitality from Boston University in 2012. She is a Yoga Alliance Registered Yoga Teacher having completed a 200 hour program.

Risks/Supplement Safety

While clients often wish to explore dietary supplements on their own, which can be a valuable support for health, clients should know that while herbs and botanical products are generally available over-the-counter and are considered safe based upon their long history of use, many of them have not been widely tested. The historical record and modern research indicate that herbs and supplements most often used to support health have a good safety record. Similarly, confirmed cases of herb, nutrient and drug interactions are rare though risks are not entirely understood. Herb, nutrient and drug interactions can occur. Adverse events can occur after using any active substance, including an allergic response. Negative reactions to natural remedies may include rare allergic reactions, including headaches, itching, hives, difficulty breathing, and very rarely, even shock or death. While unlikely, clients choosing to take products could have an adverse reaction or experience a reduction or increase in the effect of medications. This can have serious consequences for some medications, such as for the control of high blood pressure, blood sugar or control of bleeding/clotting and contraceptives. Clients should let their physician know what herbs or other dietary supplements they are taking, particularly prior to surgery or other procedures. Clients should discuss any concerns with Ariella Viner MS, CNS, LDN, and his or her physician or other health care professional as appropriate about any adverse effects or reactions.

Managing Risk

To reduce risk, it is imperative that you disclose to your practitioners: 1) all medications, supplements and herbs currently in use, 2) any liver or kidney disease (past or present), 3) any allergies, 4) if you plan to become pregnant or are currently pregnant or breastfeeding.

Any side effects or suspected supplement/ drug interactions should be reported directly to all health professionals involved. It is also advisable to stop taking herbs and supplements seven (7) days before and after a surgical operation, and/or in the event of being prescribed a new medication.

Notices

Notice to Pregnant Women: All female clients must alert Ariella Viner MS, CNS, LDN if they are pregnant or breastfeeding or suspect they could become pregnant to enhance the safety of any lifestyle changes, nutritional and herbal products that are discussed and to allow any appropriate referrals can be considered.

No Guarantees: Like any effort to improve health, coaching is an art as well as a science. No guarantees are made that a client will gain any benefit or not suffer any adverse consequences. The responsibility for improvement lies with the client; coaching sessions are merely a catalyst for change.

Important Insurance Notice: Ariella Viner MS, CNS, LDN services are not health care services and are not reimbursed by insurance, Medicare or any other third-party payor. Payment in full is required at each visit. Clients agree not to submit claims for these services, are responsible for payment even if an effort is made to obtain reimbursement that is denied, whether because services are “non-covered” or “not medically necessary.”

Informed Consent for Health Coaching

I understand that Ariella Viner MS, CNS, LDN is a Licensed Dietitian Nutritionist and does not function as a medical physician, psychologist, or mental health counselor. If I have not already done so, I agree to consult a medical doctor for any serious or life-threatening disease conditions, either for myself or someone under my guardianship. I understand that no recommendations are being made for me to discontinue any treatment being provided by any other health care professional. It is important that I maintain regular visits with my primary care physician and medical specialists as appropriate, to ensure proper medical care. I hereby authorize coaching in wellness and lifestyle activities from Ariella Viner MS, CNS, LDN. I understand and agree to the financial and other terms set forth above. I understand the nature of these services, including the risks of possible adverse reactions. I have been adequately informed, and my questions have been satisfactorily answered. I am solely responsible for the health care and lifestyle choices I make. I represent that I am seeking coaching services to further my management of my own health and for no other reason. I do not represent a third party and sign this voluntarily.

No refunds will be provided. Potential credits towards other Elite therapies will be provided if warranted.

Date:

Client Name (Please Print):

Client Signature:

Informed Consent for Discussion about or with Minors

I certify that I am the parent or legal guardian of the child/ward and that I have lawful custody for the purposes of authorizing health care coaching and for the release of protected health information. To the best of my knowledge, there is parental agreement about undergoing these services. In the event I am or become separated or divorced or any circumstances arise under which a parental disagreement over this authorization becomes an issue, I will hold Ariella Viner MS, CNS, LDN harmless.

Name of Patient:

Date of Birth:

Name of Parent/Guardian:

Signed :

Parent(s)/Guardian

Father

Printed Name Date

Mother

Printed Name Date