



Health Coaching Informed Consent, Disclaimer, & Waiver

All consulting services and communication delivered by Lucy Mailing, as well as information set forth on www.NGmedicine.com, are to help you identify the areas in your life that may be standing in the way of your health. Health consulting is not a replacement for professional mental health care or medical care. By purchasing consulting services from Lucy Mailing, you confirm that you have read and agree to each statement below:

I understand that Lucy Mailing is not yet a licensed medical professional, and thus does not dispense medical advice nor prescribe treatment. Rather, she provides information and suggestions to enhance my knowledge of health as it relates to foods, dietary supplements, and lifestyle components. The consulting services I will be receiving from her, as well as the information set forth on www.NGmedicine.com, are not a substitute for professional medical care and are not intended to diagnose, treat or cure any mental health or medical conditions.

I understand that I should discuss any dietary changes or potential dietary supplements with my doctor and should not discontinue any prescription medications without first consulting my doctor.

I give consent to Lucy Mailing to assist me in achieving my health goals by providing ideas and advice, but understand and agree that I am fully responsible for my well-being during and following my consulting sessions, including my choices, decisions, and actions.

I hereby give my consent for Lucy Mailing to use and disclose protected health information (PHI) about me to carry out treatment, payment, and health care operations. For complete description of such uses and disclosures, please see the Notice of Privacy Practices, which can be found at www.hhs.gov/ocr/privacy/hipaa/administrative/secuirerule/. I acknowledge that I have the right to review the Notice of Privacy Practices prior to signing this consent.

With this consent, Lucy Mailing may call or e-mail me in reference to any items that assist the practice in carrying out treatment, payment, and healthcare operations. This includes appointment reminders, calls pertaining to my clinical care, and laboratory results.

With this consent, Lucy Mailing may order laboratory tests for me through direct-to-consumer companies, including, but not limited to, Direct Labs, My Labs for Life, and True Health Labs. I understand that my healthcare data is subject to the security of data storage at these individual companies.

I understand that Lucy Mailing will protect my information as confidential unless she is compelled to by law or unless I have given my written consent otherwise, but that the use of technology is not always secure. I accept the risks of confidentiality loss in the use of email, text, phone, video call, and other technology.



With this consent, Lucy Mailing may use all test results, case review documentation, and other case information for research and educational purposes. I understand that my identifying information will be removed if my data is used for these purposes.

I hereby release, waive, acquit and forever discharge my consultant from every claim, suit action, demand or right to compensation for damages I may claim to have or that may arise as a result of our consulting relationship.

I further declare and represent that no promise, inducement, or agreement not expressed herein has been made to me to sign this agreement.

Client Name (printed): _____ Date: _____

Client signature _____

Date of Birth: ___/___/___

Address you would like test kit(s) shipped to: _____

