Private clients please read, sign and date this document. Email this to <u>lana@lanakontos.com</u> 24 hrs prior to your personal phone consultation. If all paperwork is not received at least 24 hours prior to your appointment, there is a 50.00 fee and your appointment will be rescheduled to honor other's time. Please note these important terms below for anyone reading drlanakontos.com or participating in any programs or services.

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I,______ am acting on my behalf and acknowledge, understand and agree to the following statements concerning my consultation with Dr. Lana M. Kontos, N.D. I understand I am here to learn about nutrition and optimal health practices and that I will be offered information about dietary protocols, lifestyle habits as a guide to general good health.

Lana M. Kontos is a Board –Certified Naturopath and a Trained and Certified Lifestyle Medicine Practitioner who specializes in the field of nutrition and health care. Lana M. Kontos, ND is not a registered dietitian or a medical doctor. Naturopaths and nutritionists who are not dieticians are not licensed in Ohio or most states. This is the practice of classical naturopathy and lifestyle medicine / dietary intervention not the practice of medicine. The use of nutrition and natural health interventions is not recognized by traditional medical practitioners as a means of stopping or reversing disease. I fully understand that those who counsel me are not medical doctors and are not here for medical diagnostic purposes or treatment procedures. I am not on this visit or any subsequent visits as an agent for the federal, state or local agencies or on a mission of investigation from any third party.

The services performed by Lana M. Kontos, N.D. or others at Inspired by Wellness, L.L.C. are at all times restricted to consultation on the subject of nutritional matter intended for the maintenance of the best possible state of nutritional health and do not involve the diagnosing, treatment or prescribing of pharmaceutical drugs or any other remedies for disease.

I fully understand the material I will learn from Lana M. Kontos, N.D and at Inspired by Wellness, L.L.C. is for educational and informational purposes only and in no way should it be used as a substitute for recommendations from my own primary care physician, or doctor specializing in my care. I understand that Lana M. Kontos, N.D. does not diagnose or treat diseases. She will provide me with educational material based in science to help promote positive health outcomes. The purpose of my consultation with Lana M. Kontos, N.D. is to help me to review the relevant research concerning diet and my condition, in order to make informed decisions about my health.

All of the material, information and facts in the personal consultations, private and group classes of any type and on <u>www.drlanakontos.com</u> site or any other sites owned and operated by Lana M. Kontos, N.D. came from medical files, clinical journals, scientific publications, trade books and training from Board Certified Medical Doctors who have reversed degenerative diseases in thousands of individuals for decades. Everything is based on peer reviewed, gold standard research. This material is based on science however you should not consider this educational material herein to be the practice of medicine or to replace consultation with a physician or other medical specialist. Lana M. Kontos, N.D. and the staff at Inspired by Wellness, L.L.C. are providing you with this information in order that you can have knowledge. You can choose, at

your own risk to act on that knowledge. We invite you to refer colleagues, friends and family to Lana Kontos, N.D. who may find working with her very helpful in their quest to find optimum health. This rare, science based information may prevent or even reverse degenerative disease. I understand there are no guarantees in my health outcomes as I work with Lana M. Kontos, N.D. and / or any other staff member or contract employee at Inspired by Wellness, L.L.C.

I understand and have read the above information. I fully understand the products and protocols explained to me do not replace the services of my physician(s) or any other doctors involved in my care. If under a doctor's care and I use this information or services without my doctor's approval I am assuming full responsibility and herby fully and forever release Lana M. Kontos, any staff, employees or contract employees and Inspired by Wellness, L.L.C. from any and all liability. I am personally responsible for any and all action I take regarding information I learn from Lana M. Kontos, N.D. and or Inspired by Wellness, L.L.C. I am of lawful age and have read and fully understand the contents of this document and the complete terms and conditions herein. This agreement contains the complete agreement between the parties and no other guarantees or refunds will be given. If a client is under 18 please fill out their name here and sign as legal guardian.

When a patient seeks health care consultations or health recommendations from Lana M. Kontos, ND or Inspired by Wellness, LLC or any team member of Inspired by Wellness, LLC and Inspired by Wellness, LLC accepts a patient for such care, it is essential for both to be working towards the same objective.

We have one goal: To support the patient or client in restoring the body to optimal health using an inclusive approach of natural therapies and solutions.

Inspired by Wellness, LLC may recommend health products, treatment or care beyond what the patient has initially requested because it may support the patient's body in reaching optimal health. The patient may decline any recommendation made by Lana M. Kontos, ND or Inspired by Wellness, LLC services may share product websites for the patient to learn more about a certain natural solution or therapy. Lana M. Kontos, ND or any member of Inspired by Wellness, LLC will not solicit business opportunities. For more information on the solutions and therapies may recommend, visit www.drlanakontos.com

Child's name(if client is under 18):

Print Name of Client:

Print Name of responsible parent or guardian if client is under 18:

Signature of adult client or parent or guardian:

Date: