INCREDIBLE HEALTH
HEALTHY AND STRONG

INFORMED CONSENT FOR PARTICIPATION IN A HEALTH AND WELLNESS PROGRAM

NAME: _____ DATE: _____

1. **PURPOSE AND EXPLANATION OF PROGRAM**

I hereby consent to voluntarily engage in an acceptable health and wellness plan. I also give consent to be placed in a personal program which is recommended to me for improvement of physical fitness, dietary counseling, detoxification, stress management, and health/fitness education activities.

I will be given exact personal instructions/recommendations regarding the amount and kind of exercise I should do. I understand that I am expected to participate in the program, attend any scheduled sessions and to follow instructions with regard to exercise, dietary counseling, detoxification, stress management, and other health and fitness regarded programs. If I am taking prescribed medications, I have already so informed the staff at Incredible Health, LLC, and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these.

I have been informed that during my participation in the above described personal health and wellness plan, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personnel at Incredible Health, LLC, of my symptoms, should any develop. I understand that I should call 911 instead of Incredible Health, LLC should the need arise.

2. **RISKS**

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances, heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort will be made to minimize the risks of these type of occurrences. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

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3. **BENEFITS TO BE EXPECTED**

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the health and wellness program will allow me to learn proper ways to perform different modes of physical activity, regulate physical effort, follow a meal plan or detoxification plan for proper nourishment, participate in educational classes, etc. If additional care is needed for dietary needs, I will be properly referred to a Registered Dietician. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity, fitness level and general health after a period of 3-6 months.

4. **Acknowledgement of Receipt of Notice of Privacy Practices**

5. I certify that I have received a copy of the **Notice of Privacy Practices** for Incredible Health, LLC which describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of the healthcare operations of Incredible Health, LLC. The Notice of Privacy Practices also describes my rights and Incredible Health, LLC's duties with respect to my protected health information. The Notice of Privacy Practices is posted in the patient portal of the electronic medical record, on the website at www.incredible-health.com or a paper copy will be provided to me upon request. Incredible Health, LLC reserves the right to change privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy to be sent by mail, asking for one at the time of my next visit to the clinic or accessing Incredible Health, LLC's website.

I have read this Informed Consent form, fully understand its terms, and am signing it freely and voluntarily, without inducement.

Participant's Signature

_____

Participant's Name (Printed)

_____

Witness' Signature _____ **Date** _____

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