

# Burlington Natural Health Centre

1066 Brant Street, Burlington Ontario L7R 2J9  
905-634-8598

Michael Colucci CNP., RNCP

## Assumption of Risk and Release of Liability For Nutrition Counselling Services

TO: Michael Colucci (the "Nutritionist")

DATE: \_\_\_\_\_

RE: Nutrition Counselling Services

The undersigned, \_\_\_\_\_, hereby acknowledges and agrees as follows:

1. I am here on this, and any subsequent visit, solely on my own behalf and not as an agent for any federal, provincial or municipal agency on a mission of entrapment or investigation.
2. The purpose of nutrition counselling is to improve the overall health, vitality and well-being of the body through nutritional education and the use of natural food and non-medicinal nutritional supplements. The **Nutritionist, Michael Colucci**, does not diagnose diseases, disorders or conditions.
3. The **Nutritionist, Michael Colucci**, is not a licensed dietician, naturopathic doctor or physician.
4. As part of the Nutrition Counselling Services, I may be asked to provide information concerning my physical habits, medical history, moods, energy levels, likes and dislikes, lifestyle and diet. This information is collected to enable the **Nutritionist, Michael Colucci** to:
  - (i) Assess my knowledge of nutrition
  - (ii) Educate me about the benefits of sound nutritional practices
  - (iii) Recommend dietary changes to improve my general health, vitality and overall well-being.

The **Nutritionist, Michael Colucci**, will hold this information in confidence and will not release or disclose this information to any other person, without my prior consent, except as required by applicable law.

5. If the **Nutritionist, Michael Colucci**, suspects the existence of a disease, disorder or condition, I will be informed of this suspicion. However, I acknowledge this is not a diagnosis or conclusion about the state of my health and that I am directed to promptly consult a licensed physician or naturopath about any suspected problems.
6. Should I request the **Nutritionist, Michael Colucci**, to recommend dietary changes and/or nutritional supplements to enhance my body's natural ability to resist and/or overcome a known disease, disorder or condition, it is my responsibility to disclose the nature of the disease, disorder or condition and all other relevant details to the **Nutritionist, Michael Colucci**. If I have not previously consulted a licensed physician or naturopath about the disease, disorder or condition, I acknowledge that I am directed to promptly do so.
7. I understand that I am not to alter or discontinue treatments prescribed by a licensed physician, naturopath, or other licensed health professional without consulting the individual who prescribed the treatment.

1066 Brant Street, Burlington Ontario L7R 2J9  
905-634-8598

Michael Colucci CNP., RNCP

8. In providing Nutrition Counselling Services to me, the **Nutritionist, Michael Colucci**, is relying upon the truth, accuracy and completeness of all information I have provided to him. Any recommendations I follow for changes in diet, including the use of nutritional supplements, are entirely my responsibility.
9. The **Nutritionist, Michael Colucci**, is in no way liable for my health or safety.
10. I understand that any therapies I undertake provided by the **Nutritionist, Michael Colucci**, are undertaken of my own free will. I accept that the ultimate responsibility for my health care is my own and that the **Nutritionist, Michael Colucci**, is here to support me in this. I understand that the **Nutritionist, Michael Colucci**, reserves the right to determine which cases fall outside his scope of practice, in which an appropriate referral will be recommended.
11. This agreement is being signed voluntarily and not under duress of any kind.
12. In consideration of my participation in the Nutrition Counselling Services, I hereby accept all risk to my health, including injury or death that may result from such participation and I hereby release the **Nutritionist, Michael Colucci**, on my behalf and on behalf of my personal representatives, estate, heirs, next of kin and assigns from any and all costs, claims, causes of action and damages arising from any and all illness or injury to my person, including my death, that may result from or occur as a result of my participation in the Nutrition Counselling Services, whether caused by negligence or otherwise.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A FULL AND FULL AND FINAL RELEASE OF ALL COSTS, CLAIMS, CAUSES OF ACTION AND DAMAGES OF ANY KIND ARISING FROM OR IN CONNECTION WITH THE NUTRITION COUNSELLING SERVICES.**

Client Name (printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1066 Brant Street, Burlington Ontario L7R 2J9  
905-634-8598  
**Michael Colucci CNP., RNCP**