



Keeping Healthy Simple Club

Keeping Healthy Simple Club, LLC New Client Packet

Please complete this information prior to your first scheduled appointment. You may email or text through Practice Better with any questions. You may also call 904-595-7116 or email Info@KeepingHealthySimpleClub.com.

Please do not sign off on any forms you wish to discuss first. I want to ensure you have every opportunity to understand this paperwork and get your questions answered. You may book another discovery call to discuss this paperwork.

*Thank you!
- Alexia Lewis*

Personal Information

First name	Last name	
<input type="text"/>	<input type="text"/>	
Street	Unit	
<input type="text"/>	<input type="text"/>	
City	State/Province	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	Mobile phone	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	
<input type="text"/>	<input type="text"/>	

May we leave messages at the phone number provided? Yes No

May we send texts to the phone number provided? Yes No

In case of emergency, who should we contact?

First name Last name

Relationship

Home phone Mobile phone Email address

How did you hear about the Keeping Healthy Simple Club LLC?

What are your long-term goals?

How are you hoping that we can help you reach these goals?
If you have expectations or specific things you want, please include them here. If you are unsure - that's okay!

Is there any additional information that we should know?
Consider things like your health conditions, medications, supplements, food preferences, food allergies, ability to access food or to be active, etc. that are relevant to the services you are seeking and goals you wish to reach.

CLIENT FINANCIAL RESPONSIBILITY & OTHER POLICIES

This section is not applicable to clients receiving services as a gift or as part of a worksite wellness program.

Payment:

Fees will be discussed during your Discovery Call and a Good Faith Estimate provided. Your scheduling or an appointment indicates your acceptance of the rates.

You agree that you will pay charges in full at the time of booking services or pay charged on the payment schedule, when offered by KHSC.

Payments are processed through Practice Better using Stripe. Cash is accepted for in-person services.

Additional charges will be imposed for returned fees, chargebacks, denied credit card fees, required bank research and copying fees, and certified letters. If you fail to pay, you are also responsible for collection fees incurred. This includes a processing fee up to the maximum limit set by state law or payment of all costs of collection including reasonable attorney fees.

Insurance:

We do not accept insurance or submit statements to your insurance carrier. We suspect that your insurer will not cover the cost of health coaching or medical nutrition therapy.

If your insurance will cover nutrition or coaching services, please ask about documentation that can be sent to your insurance company before your first appointment. We can provide you with a superbill to submit to your insurance.

Your insurance is a contract between you and your insurance carrier; we will not and cannot be involved in disputes regarding claims or assisting with submission of paperwork or superbills.

FSA/HSA Accounts:

We do accept FSA / HSA cards, however we cannot guarantee that the services provided are allowable for your plan or account.

Please discuss use of your account prior to using your card. Plans may require a Letter of Medical Necessity, which is given to you by your primary medical provider.

We will not and cannot be involved in providing information about your specific account, what is allowable or not, or assisting with your Letter of Medical Necessity.

We do provide invoices/receipts to all of our clients that you can use for documentation.

I have read and agree to the above terms.

Please do not check yes or sign off on this if you have questions. Please contact us to discuss your concerns and get your questions answered before signing off on this form.

Yes

No

This was a gift - does not apply to me.

I am part of a worksite wellness program - does not apply to me.

POLICIES REGARDING RESCHEDULING AND MISSED APPOINTMENTS.

Notice from Clients:

We require 24 hours notice when canceling or rescheduling a confirmed event or appointment. An appointment and/or event is considered "confirmed" when you "confirm" via email, in the Practice Better app, or 24 hours before the appointment if no notice is given that you intend to reschedule or cancel the appointment.

We reserve the right to waive cancellation fees at our discretion in extenuating circumstances.

With 24 hours or more advance notice given:

All Clients

- **No cancellation fee** if you notify us more than 24 hours prior to your scheduled appointment.
- You may reschedule your appointment for another day prior to your package expiration date.

With less than 24 hours notice or no notice given:

Self-Pay Clients & Clients Receiving Services as a Gift may choose to either:

1. Pay a **\$25.00** No-Show Fee and **reschedule** the missed appointment. This fee will be charged to your credit card on file. If no credit card is on file, this fee is due prior to next appointment or before any additional services are rendered OR within 30 days of missed appointment.
2. Pay **no fee** and **forfeit** the missed appointment. If **we do not hear from you within 24 hours** after the missed appointment, the appointment will be automatically forfeited.

Clients receiving services as part of a worksite wellness program will not be charged.

- You may reschedule the missed appointment prior to the worksite wellness program end date.
- Appointments not held by the end date will be forfeited.

***Our mission is to improve your health, not collect fees.
Please assist us avoiding having to charge you any fees.***

I have read and agree to the above terms.

Please do not check yes or sign off on this if you have questions. Please contact us to discuss your concerns and get your questions answered before signing off on this form.

Yes

No

MEDICAL AND HEALTH CONCERNS

Health coaching and Medical Nutrition Therapy (MNT) are different services governed by different laws.

Health coaching:

Coach must hold a Coaching Certification. This is for people in general good health who wish to work on nutrition, exercise, and improving lifestyle behaviors/habits related to health. This service is more focused on education and helping you make the best decisions for your lifestyle and preferences.

Medical Nutrition Therapy:

Coach may need to be a State-Licensed Dietitian or Nutritionist depending on the state's laws. This is for people working to improve medical and health conditions. Your coach must attempt to work with your medical provider pursuant to Florida law where the Keeping Healthy Simple Club LLC provider is licensed. This service is more prescriptive and allows your licensed health professional to make personalized recommendations.

Your coach will determine if your coaching needs are legally considered coaching or medical nutrition therapy.

It is therefore of utmost importance and your responsibility to discuss and disclose any medical or psychological concerns with your coach at your first meeting and any time your health changes.

It is your responsibility to use common sense, good judgment, and follow your doctor's recommendations when coaching information conflicts with your doctor's recommendations.

The following information is giving in the case that your services are designated as Medical Nutrition Therapy.

Confidentiality & HIPAA/Privacy Practices:

We take every reasonable precaution to keep your information private and secure.

- We maintain antivirus software.
- We encourage you to only communicate with us using the Practice Better app, which is secure.
- We have entered into a Business Associate Agreement with Zoom Account (for virtual visits) to protect your Personal Health Information (PHI).

You understand that email and the internet is not inherently secure.

If we happen to see you in person, we will not call you by name prior to being introduced during any in-person public situations so that you have the choice of disclosing a coaching relationship or not.

HIPAA does not apply to coaching relationships, but it does apply when you are working with a licensed health professional. If your coach determines your needs require Medical Nutrition Therapy provided by a licensed dietitian/nutritionist, HIPAA will apply. This will be determined during your Informational Call or Initial Session. HIPAA Notice will only be provided in this circumstance.

By signing below, you acknowledge that you understand this policy and have had an opportunity to ask questions.

Virtual Group Classes:

It is your responsibility to protect your privacy when receiving virtual group services.

You must turn off your camera and change or hide your name if you wish to remain anonymous in a virtual, online class, group, or forum.

Virtual classes, groups, and services may be recorded and may be used in packages, marketing, and promotions. By sharing your identity, name, and video or other likeness, you authorize the use of such in packages, marketing, promotions, and other reasonable business purposes.

Individual coaching or counseling sessions are NOT recorded and will not be used for any business purposes outside of providing you with the services you have requested.

Physician Referrals:

We will perform in good faith to obtain your physician's referral when required by state licensure laws. You agree to assist us in this process using provided forms or by completing forms as required by your physician.

Exercise Clearance.

You may need to see your doctor for clearance prior to starting exercise. Before beginning any exercise or activity, you may be required to complete the PAR-Q and Risk Stratification Forms and discuss the results with your coach.

The Keeping Healthy Simple Club, LLC relies on you to provide honest, accurate, and up to date information regarding your health and concerns as related to activity and exercise.

I understand and agree to these terms.

Please do not check yes or sign off on this if you have questions. Please contact us to discuss your concerns and get your questions answered before signing off on this form.

Yes

No

WAIVER AND RELEASE FROM LIABILITY

In consideration of receiving services from the Keeping Healthy Simple Club, LLC (KHSC) for the purposes of improving my health and/or cooking skills, I hereby attest that I am in good health (mind and body) and do not have any health conditions that require specific nutrition therapy or guidelines. My responses to all inquiries made in person and on all paperwork are accurate and honest to the best of my knowledge. In the case of having any doubts or physical limiters (health concerns, medical conditions), I have discussed my concerns with my KHSC coach and/or my physical condition has been verified by a medical provider. I certify that I am not and will not disregard any recommendations given to me by a qualified medical professional. I understand it is my responsibility to alert my KHSC coach if any recommendations given by my KHSC coach are in conflict with recommendations given to me by my medical provider.

I understand that partaking in nutrition, activity, cooking, coaching, counseling, and group programs may involve potential risks and harm. I hereby accept and assume any and all risks associated with participation in these services including, but not limited to, making dietary changes, increasing activity, kitchen accidents or errors, and engaging in discussion about self-care and wellness. I take full responsibility for personal bodily injury, emotional distress, physical harm or death, that may occur as

a result of this group. In consideration for participation in coaching, I hereby waive, release, and discharge any and all liability from negligence of the entities or persons released (Alexandra Lewis and the Keeping Healthy Simple Club LLC). I hereby indemnify, hold harmless, and promise not to sue Alexandra Lewis and/or the Keeping Healthy Simple Club LLC from any and all loss, liability, damage, claims, and cost that I may incur or are a result of participation in services. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read this document and I understand its content. All the information I have provided is accurate to the best of my knowledge. I am aware that this is a release of liability and a contract. I have had an opportunity to ask questions and I sign this contract of my own free will. By signing below, I agree to the above including all terms as outlined and the Waiver and Release from Liability.

I understand and agree to these terms.

Please do not check yes or sign off on this if you have questions. Please contact us to discuss your concerns and get your questions answered before signing off on this form.

Yes

No

Client	
X	
<hr/>	
Print name:	Date: