



CLIENT KICKOFF CHECKLIST

COMPLETE HEALTH INTAKE FORM, SYMPTOM CHECKLIST AND EMAIL YOUR PREVIOUS LAB WORK

A Health intake form and Symptom checklist is found on the Feel Good Nourishment website under "Client Tools". Have these forms completed 72 hours before our first session and email to me with any lab work you've had done in the last 1-2 years.

SIGN THE CLIENT AGREEMENT

Please complete this Contract prior to the first scheduled session and return it to me.

PAY YOUR INVOICE

Please pay before the first session or we will have to reschedule until Invoice is paid.

REVIEW TIMELINE DATES

Use my link to schedule your sessions in advance to ensure that we can stay on a schedule that meets the contract .



CONTRACT OF SERVICES

This Contract of Services (shall be referred as "Contract" hereinafter) is entered into by and between the parties below, whereby the Consultant agrees to provide services, which are described in the related section of this Contract ("Consulting Services").

CONSULTANT

Amber Satterfield
Feel Good Nourishment, LLC
(917) 409-6703
amber@feelgoodnourishment.com

CLIENT

Name

Address

Phone Number

Email Address

WHEREAS the Consultant is a qualified health and wellness coach with a certification by a competent authority, International Association of Health Coaches.

WHEREAS, the Consultant and Client intent to enter a partnership that inspires the Client to maximize personal and health potential within the mentioned topics and outcomes of this Contract,

NOW, THEREFORE, the Consultant and the Client agree on the term and conditions below;



1. CONSULTING SERVICES

The Parties agree that this Contract constitutes an engagement between the Consultant and the Client for _____ month Consulting Program. Program expires if all consultations based on contract length have not been completed within two (2) months of End Date specified. See Cancellation Policy for details to reschedule if necessary. Client has the responsibility to schedule each session using the Consultant's virtual availability calendar and to make sure to keep track of the chosen schedule. If at any time Consultant cannot make the session, Client will be notified within 24 hours and the session will be rescheduled.

2. RELATIONSHIP

All consultations will be personalized per the Client. The Consultant will maintain a professional code of ethics, stay within scope and provide a safe space for the Client.

Client's progress for developing her/her physical, mental, and emotional well-being, the act and decisions shall be his/her own responsibility. Consultant shall only support, assist, empower, and educate the Client with the realizations of said choices. Consultant shall not be responsible for any acts or omissions which may have direct or indirect results of the services provided by Consultant. Client understands the Consultant is not a therapist, doctor, or otherwise and shall not substitute any cure for the medical disorder.

Client acknowledges that this Contract does not involve the diagnosis or treatment of health disorders, neither this Contract may be used as a substitute for counseling, psychotherapy, legal advice, or other professional advice by other professionals.

In order for the relationship to be fruitful, the Client must communicate honestly and must be open to feedback, accountability, personal responsibility and constructive criticism.



3. PROCEDURE

Client shall set all consultation appointments with Consultant through the online booking system as available to all by the Parties setting the schedule date and time. Client shall initiate the call on a scheduled meeting through online or phone communications where the information shall be provided to Client.

Client is expected to keep all appointments set. If this cannot be done, see "Cancellation and Rescheduling". Client shall show up to each consultation on time and ready to share goals fully and with an open mind for implementing changes in regards to lifestyle, dietary and toxic factors that have not been serving their health. Client is responsible for their own well-being which includes coming to consultations fully prepared, doing any previously agreed upon recommendations, coming to each consultation with an open mind and expressive a true desire for positive change in their health.

4. SCHEDULE AND FEES

This Contract shall be effective as of the date of _____, for the amount of _____ for a Program total cost, for a length of _____ - minute consultations per month.

5. CONFIDENTIALITY

The Consultant agrees not to disclose any information pertaining to the Client without the Client's written consent unless forced to by law.

Confidential information shall consist of private communication between the Parties given by the Client to Consultant in trust and confidence. However, if the information refer to information given by a third-party, general information known to the public, information independently developed by the Consultant without reference to Client's other information, such information shall be referred to as competent information. Consultant is not restricted by HIPAA regulations. Should in any case that the Consultant be summoned by



any competent authority to disclose information that is confidential, the Consultant shall notify the Client prior to the summoning in order for the Client to seek other remedies available in accordance with the law. In case the Consultant believes that the information acquired involves illegal activity or information that may be of risk to the Client, the Consultant shall be obligated to report such activity to proper authorities.

6. CANCELLATION AND RESCHEDULING

Each session will begin on time and end on time based on the length of session scheduled by the Client. If Client needs to cancel or reschedule the appointment, they must do so at least 48 hours in advance (unless it is for an Initial Consultation or the first session which requires 72 hours in advance); otherwise, Client will forfeit that appointment and will not have an opportunity to reschedule or receive a refund. They must, then, schedule and pay in full for a new session. It is the Client's responsibility to notify the Consultant 48 hours prior to the scheduled meeting by either rescheduling via the booking platform or in writing to Consultants email and with received communication it was received by Consultant.

7. TERMINATION

In the event of Client's absence or withdrawal from the agreed upon Program at any point during the Program, for any reason whatsoever, Client will remain responsible for the pro rata share of the Program that has been delivered at the prices of single consultations at the time of cancellation, a fee for the initial consultation preparation of \$200, plus a \$150 cancellation fee. Consultant reserves the right to cancel the Program is at any point they determine it is not advantageous for the Program to continue for the Client. If this happens, Client is only responsible for the pro rata share of the services received.

All communications of Terminating this Contract must be given in writing to Consultant and confirmation of receipt of notice.



Termination of Contract will commence when all sessions have been rendered within the time specified in the above section "Schedule and Fees". If more time is needed, this must be agreed upon in writing prior to "End Date".

Refunds shall not be given unless, per the terms above, Client had paid in full for a Program and needs to terminate the agreement. A refund as stated above will be returned to Client within 90 days.

8. DISCLAIMER

Client understands that the role of the Consultant is not to provide healthcare, medical, or nutrition therapy services; or diagnosis, treat or cure any disease, condition, or other physical or mental ailment of the human body. Rather, Consultant is a mentor and guide who has been trained in nutritional health coaching and functional medicine to help the Client reach their own health goals by devising and implementing positive, sustainable lifestyle changes, potentially utilizing functional labs, and implementing dietary changes. Client understands that Consultant is not acting in the capacity of a doctor, registered dietitian/nutritionist, psychologist, or other licensed professional and that any advice given by Consultant is not meant to take the place of advice by these professionals. If Client is under the care of a healthcare professional or currently uses prescription medications, Client should discuss any and all changes to their exercise routine, dietary changes, or potential dietary supplementation with their doctor and should not discontinue any prescription medications without first consulting their doctor. Although, Consultant may educate Client on useful studies of dietary, supplement, or lifestyle factors; Client is in full responsibility of their own health. Consultant is not liable for health implications due to Client not first advising their doctor.

Client also understands that there is no guarantee of outcome by working with Consultant. All health goals achieved are reliant on the recommendations taken, the willingness of root cause resolution, the ability to order additional labs that may be useful, the willingness of behavioral modification, and the implementation by Client.



Client also understands that if suffering from an illness, healing takes time and diligence and Consultant gives no time guarantee as everyone is bio-individual.

Client has chosen to work with Consultant and understand that the information received should not be seen as medical advice and is not meant to take the place of seeing a licensed health professional. If ever there is a health emergency, Client shall call 911 or their primary care physician.

9. ENTIRE AGREEMENT

This Contract constitutes the entire understanding of the Parties hereto with respect to the subject matter. This Contract supersedes any and all other prior agreements, oral or written.

10. SEPARABILITY

In the event that any provision of this Contract is held invalid or unenforceable by competent court or author, such invalidity shall affect only the special provision and the remaining provisions shall remain valid and enforceable.

11. LIMITED LIABILITY

Client acknowledges that they take full responsibility for their life and well-being as well as the lives and well-being of their children (where applicable) and all decisions made during and after the Program.

Client expressly assumes the risks of Program, including the risks of trying new foods or supplements, and the risks inherent in making lifestyle changes. Client releases Consultant from any and all liability, damages, causes of action, allegations, suits, sums of money, claims, social media and public negative remarks and publicity, and demands whatsoever, in law or equity, which Client ever had, now has, or will have in the future against Consultant, arising from Client's past or future participation in, or otherwise with respect to, Program.



Except as provided for under this Contract, the Consultant shall not be held liable to any direct or indirect consequence resultant from any causes of injury or damage which the Client may incur that may be contemplated under this Contract.

12. ARBITRATION

In the event that there ever arises a dispute between Consultant and Client with respect to the services provided pursuant to this Agreement or otherwise pertaining to the relationship between the Parties, the Parties agree to submit to binding arbitration before the American Arbitration Association (Commercial Arbitration and Mediation Center for the Americas Mediation and Arbitration Rules). Any judgement on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Such arbitration shall be conducted by a single arbitrator. The sole remedy that can be awarded to Client in the event that an award is granted in arbitration is refund of paid Program fee. Without limiting the generality of the foregoing, no award of consequential or damages, unless specifically set forth herein, may be granted to Client.

This Agreement shall be construed according to the laws of the State of Oklahoma. In the event that any provision of this Agreement is deemed unenforceable, the remaining portions of the Agreement shall be severed and remain in full force.

If the terms of this Agreement are acceptable, please sign below. By doing so, Client acknowledges that they; (1) have received a copy of this Program Agreement; (2) have had an opportunity to discuss the contents with Consultant and, if desired, have it reviewed by an attorney, and (3) understand, accept, and agree to abide by the terms hereof.



The Parties agree to the terms and conditions set forth above as demonstrated by their signatures as follows

CLIENT

NAME: _____ DATE: _____

SIGNATURE: _____

CONSULTANT

NAME: Amber Satterfield _____ DATE: _____

SIGNATURE: *Amber Satterfield* _____