

Muse Wellness Company

Live brilliantly from head to soul!

Consent to Services

Muse Wellness Company is focused on treating the skin and body through nutrition, following an integrative (whole-person) approach to achieve total body wellness. Muse Wellness Company also supports clients in the care and prevention of chronic diseases including hypertension, PCOS, diabetes, obesity, acne and other skin-related disorders. Muse Wellness provides personal wellness coaching and group instruction specializing in esthetic nutrition, weight management, stress reduction, self-esteem, and balanced living.

The client understands that Muse Wellness Company and its affiliates do not practice medicine nor diagnose diseases or medical conditions. The client understands that the use of food, diet plans, nutritional supplements, skincare products, and lifestyle changes may be encouraged to enhance the client's overall health and address the client's primary concerns expressed during consult. It is the education and experience of the practitioner that all suggestions/recommendations are based. At no time will the client's personal/medical information be shared with anyone not affiliated with Muse Wellness Company except at the written request of the client or as required by law. Communication with the client's healthcare provider(s) is also subject to the client's written approval.

The client assumes responsibility for informing Muse Wellness Company and its affiliates of any pre-existing conditions, limitations, and specific sensitivities; and to inform the consulting practitioner of any discomfort experienced during the course of treatment. The client understands that with any treatment, whether topical or internal, there is a potential for both desirable and undesirable side effects to occur. However, Muse Wellness Company and its affiliates will take every precaution to prevent such reactions from occurring. Muse Wellness Company reserves the right to refuse treatment to any individual based on the expert opinion of the consulting practitioner.

The client takes personal responsibility for taking or using any recommended treatment(s); and releases Muse Wellness and its affiliates from any liability resulting from any adverse effects or complications from the suggested treatment(s) or the client's failure to disclose any pre-existing conditions, limitations, specific sensitivities, or to inform the consulting practitioner of any discomfort experienced during the course of treatment.

Payment for all consults and services is due at the time the service is rendered. The charge for missed appointments and late cancellations (without 24 hours notice) is the full amount of the consult/service charge.

My signature is evidence I have read, fully understand, and agree to the terms of this consent. I also understand that by signing this consent I accept all responsibility for its content. I hereby release Muse Wellness Company and its affiliates from any and all responsibility for adverse reactions associated with the services rendered to me.

Client Name (printed) _____

Client Signature (or parent/guardian if client is under 18 years old)

Date _____

Witness/Practitioner Signature _____

Date _____

Muse Wellness Company
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