

Informed Consent for MHC Weight Loss Protocol

The Ideal Protein Weight Loss Protocol is much more than a dietary restriction and lifestyle change; it is a commitment to yourself and your Coach. Due to our educational and knowledge-based approach, Ideal Protein insists that you make a commitment to this program before we accept you as a client. We want you to be healthier and lose weight, but first you must have the desire to do so.

There will be no obligations.

Results on the Protocol are predictable and repeatable, which represents the Gold Standard in scientific medicine. We feel passionately that we cannot fulfill our promise to you if you do not strictly adhere to our Protocol. We have developed these guidelines for Ideal Protein participants. For any reason our staff feels that you are not committed to the program and protocol we have the right to discontinue any further coaching and supervision from the program at any time.

Consent to Participate

My name: _____

I hereby consent to act as a participant in a weight control program involving the use of protein and other supplements. I understand that various employees of *Multicare Health Centers* may provide this to me.

If I have any questions about this or need further explanations, I understand that I should speak with my medical provider.

I have been informed that the possible benefit and value of this treatment is not guaranteed. I understand that there are many alternative treatments or procedures that are appropriate and available that might be beneficial to me. Some of those alternatives or choices include but may not be limited to:

- No treatment at all
- Conservative lifestyle changes
- Drugs
- Surgery
- Watch and wait, while reporting my condition to a physician

I understand that I have the right not to participate in this program or to discontinue it after I have begun, for any reason whatsoever. I understand that I have the right to ask questions and to know the purpose and objectives of my treatment program.

Having read this page, I hereby consent to this program. I have had adequate time to ask any questions and understand the answers provided. At this time I have no other questions, but I am aware that any future questions may be posed and will be responded to in a timely fashion. Per office policy and FDA rules on food products there are no refunds or exchanges.

Dieter's Name: _____

Dieter's Signature: _____

Date: _____

Weight Loss Coach Signature: _____

Date: _____

