

Ruby S Wellness, LLC. Coaching Agreement

Improve your Health - Improve your Life

Welcome! I am so excited to be your coach and partner on this journey toward better health and wellness. My goal is to support you in uncovering the root causes of your symptoms and to create a personalized plan that helps you restore balance, improve your well-being, and build a lifestyle that you and your family can thrive in for years to come.

Health Coach Role

As your health coach, accountability partner, and biggest cheerleader, I am here to support and guide you in making the lifestyle changes you desire. Whether your focus is stress management, sleep, diet, weight balance, exercise, discovering vitamin and mineral deficiencies, detoxification, hormone balance, or gut health—we will work together to create small, achievable steps that lead to lasting transformation. Your well-being is my priority, and I am committed to providing you with a safe, supportive space to explore your concerns and goals.

Commitment

Making meaningful changes takes time, and I am here to help you every step of the way. I recommend a minimum of 3 one-hour sessions or 4 thirty-minute sessions, with first initial consultation of 60 min, as this allows for the best support and progress. Sessions can be customized based on your needs. My goal is to offer as much value as possible while empowering you to take control of your health.

Sessions & Consultation Details

Coaching sessions can be held in person, via phone, or over Zoom—whichever is most convenient for you.

During our first session, we will review your intake form, discuss your symptoms, and go over any current medications or supplements. Together, we will set clear goals and determine the best steps forward.

After our session, I will create a personalized action plan with recommendations, protocols, and resources tailored to your needs. I will provide easy-to-follow guidance, including handouts, shopping lists, and links for any necessary supplements or testing.

Future sessions will focus on tracking your progress, answering questions, reviewing any test results, and adjusting your plan as needed. We will explore ways to optimize your diet, exercise, stress management, detoxification, and overall well-being.

Cancellations & Rescheduling

Life happens, and I completely understand! If you need to reschedule, please notify me at least 24 hours in advance so we can find another time. I put a great deal of time and preparation into each session, and I ask that we honor each other's time. If you are running late, I will wait 15 minutes before canceling your session. Emergencies happen, and I am always happy to work around them when possible.

Additional Support

I am here to support you, and I welcome brief check-ins via text or email for questions that require less than 10 minutes. If a more in-depth discussion is needed, we will schedule a session.

Confidentiality

Our coaching relationship is built on trust and confidentiality. Your personal information, treatment plan, lab results, and progress will always remain private. If you feel comfortable sharing your journey with others, that is entirely up to you.

Concerns & Feedback

Your experience matters to me! If there's ever anything that doesn't feel quite right or if you need something different from our sessions, please let me know. My goal is to provide the best support possible and ensure you feel heard and valued.

Investment & Payment

All coaching packages must be purchased prior to the first session. If you need to cancel, a 72 hours notice before the first session is required. Payments will be processed via debit/credit card unless another arrangement is made. I will also check in with you once a week via text or email to offer support and see how you're doing.

Client Agreements

1. I understand that I am responsible for my own health, choices, and decisions. Coaching is a partnership, and I can discontinue at any time with a two-week notice. I acknowledge that coaching is not medical advice or treatment.

2. I understand that Ruby S Wellness, LLC. provides health coaching to facilitate personal growth and wellness. I agree to work collaboratively to make meaningful lifestyle changes.

3. I acknowledge that Ruby S Wellness, LLC. does not diagnose, treat, or cure any disease, and coaching is not a substitute for medical care. I will consult my healthcare provider for medical advice or treatment.

4. I understand that all decisions regarding at-home testing, supplements, protocols, and coaching participation are my responsibility.

5. I acknowledge that Ruby S Wellness, LLC. does not guarantee specific results and that my progress is dependent on my commitment and effort.

Client Signature: _____ Date: _____

Ruby S Wellness: _____ Date: _____

Ruby S Wellness, LLC. Liability Waiver

1. I acknowledge that Ruby S Wellness, LLC. is not a licensed medical provider and does not diagnose, treat, or cure disease. Any lab result interpretations or recommendations provided are for educational purposes only.

2. Any suggestions, protocols, or wellness strategies discussed are meant to support well-being and are not a substitute for professional medical care. I will consult my healthcare provider before making any changes, especially if I have a medical condition, am pregnant, or am nursing.

3. I take full responsibility for my health. I will follow all wellness recommendations responsibly and use supplements or protocols as suggested.

4. I understand that all supplements, herbs, and wellness protocols are taken at my own risk. I acknowledge that allergic reactions or other side effects are possible and accept personal responsibility for my choices.

5. I, along with my heirs and legal representatives, agree not to make any claims or take legal action against Ruby S Wellness, LLC. or Susanna Rubinov for any injury or damages resulting from coaching, recommendations, or related services.

6. I release Ruby S Wellness, LLC. and Susanna Rubinov from any liability related to my use of lab results, dietary recommendations, supplements, or wellness strategies.

I have carefully read and understand this waiver. I acknowledge that this is a release of potential liability, and I agree to these terms of my own free will.

Client Signature _____ Date _____