



## CONSENT FORM FOR METABOLIC BALANCE PROGRAM AND MEAL PLAN

### Introduction

Metabolic Balance is a weight-loss program ("**Program**"). The Program involves a customized Metabolic Balance Meal Plan (the "**Meal Plan**"), for each client based on the individual's bloodwork.

Metabolic Balance, and its Coaches, **will not** identify, diagnose, nor treat any physical or mental symptom, disease, disorder, or condition. Metabolic Balance is not a medically supervised program. In the event that your specific Coach is also a regulated health professional, the provision of any healthcare is outside the scope of the Program.

The purpose of the Program is to lose weight, weight maintenance and/or improve wellbeing and the overall quality of life. The Program has not been evaluated by the Canadian Food Inspection Agency or Health Canada.

### The Bloodwork

Prior to starting the Program, you will be given a requisition for bloodwork. The cost of the bloodwork is not covered by any provincial health insurance plan. The fee for the bloodwork is included in the price for the Program.

The results of the bloodwork are used solely for the purpose of establishing a Meal Plan. The results of the bloodwork are **not** used to identify, diagnose, nor treat any physical or mental symptom, disease, disorder, or condition. Should you have any concerns about your health, or bloodwork results, you must consult your own primary care provider. It is your personal responsibility to share your bloodwork results with your own primary care provider.

### The Meal Plan

Based on the results of your bloodwork, a customized Meal Plan will be provided to you by the Coach. There are no pills, powders, or chemicals added to your Meal Plan – only food that can be purchased from most grocery stores.

### Personal Information and Personal Health Information

In order to provide you with the Program, the Coach will ask you a series of questions regarding your personal information, including personal health information. This information will be submitted by the Coach into an online portal, which is based at the Metabolic Balance head



office in Germany. Metabolic Balance aims to securely store your personal information but unforeseen circumstances, such as privacy breaches, can occur.

### **Material Risks**

Health risks have been associated with diet and weight-loss, such as constipation, dizziness, diarrhea, dry or cold skin, gout, hair loss, headaches, irregular/cessation of menstruation, muscle cramping, loss of lean body mass, and reduced tolerance to cold. Note, this list is non-exhaustive and other side effects may occur.

The Program is not suitable for all individuals. It is important that you discuss your decision to engage in the Program with your own primary care provider. Metabolic Balance will not provide the Program to children under the age of 18, pregnant women, nursing mothers, patients with severe renal or hepatic insufficiency, cancer patients with active cancer and/or undergoing cancer treatment or people whose BMI is less than 18. Programs for vegans, people taking antipsychotics or tranquilizer medication, or people with a histamine or fructose intolerance, will be created only upon request.

### **Informed Consent**

1. I understand that I am voluntarily providing my consent and authorization to Metabolic Balance to provide me with the Program, as described above. I understand that there is no guarantee or promise of any outcome of the Program.
2. I understand that the Program is entirely voluntary, and I may withdraw from the Program whenever I wish.
3. I am responsible for discussing my decision to engage in the Program with my own primary care provider.
4. I confirm that I do not have any physical or mental symptom, disease, disorder, or condition that would be incompatible with the Program. I am not taking any medications that would be incompatible with the Program. If I experience any adverse symptoms from the Program, I will stop the Program immediately and consult with my own primary care provider.
5. I understand that the Program is not medically supervised. I understand that the Program and its Coaches will not identify, diagnose, nor treat any physical or mental symptom, disease, disorder, or condition. I understand that the bloodwork collected in connection with the Program will also not be used to identify, diagnose, nor treat any physical or mental symptom, disease, disorder, or condition.



6. I understand that the bloodwork results will be provided by the laboratory to the Coach. The Coach will provide the bloodwork results to Metabolic Balance solely for the purpose of creating the Meal Plan and providing me with the Program.
7. I understand that, in order to provide me with the Program, Metabolic Balance and its Coaches will collect, use and disclose my personal information, including personal health information. I consent to Metabolic Balance and its Coaches collecting, using, and disclosing my personal health information with any of their associates, service providers, national licence holders, contractors, and/or agents, as Metabolic Balance and/or its Coaches may consider reasonably necessary.
8. I understand that there are risks involved in disclosing my personal information and/or personal health information, such as data breaches. I am voluntarily assuming all of the risks associated with disclosing my personal information and/or personal health information.
9. I have read the above information. I have been given an opportunity to ask any questions. All of my questions have been answered to my satisfaction. I wish to proceed with the Program.

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Print Name

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Signature

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Date

This Consent Form was last updated on August 27<sup>th</sup>, 2024.