

Consultation Consent & Disclaimer Form

Lunaris Health PLLC – Illinois Consultations

Consultant: Mel Randle, AGACNP-BC

Role in Illinois: Nurse Practitioner Consultant (not diagnosing, prescribing, or treating)

Purpose of Consultation

This consultation is provided for educational and informational purposes only. The goal is to help you better understand your health, prepare for discussions with your licensed healthcare providers, and review general health information or best-practice guidelines.

Important Disclaimers

- Not Medical Care: This consultation does not establish a provider–patient relationship.
- No Diagnosis or Treatment: No medical diagnosis, prescription, or treatment plan will be provided.
- Emergency Needs: If you are experiencing a medical emergency, call 911 or go to the nearest emergency room immediately.
- Follow-Up: You should always consult your licensed healthcare provider before making decisions about your health.

Privacy Notice

Information you share during this consultation will be treated as private and confidential. However, since this is an educational consultation and not medical treatment, it will not be entered into a formal medical record.

Financial Disclosure

This consultation is complimentary (free). Any future services, if applicable, will be discussed separately and require a different agreement.

Additional Legal Protections

- Age Restriction: I confirm that I am 18 years or older, or a legal guardian is present for this consultation.
- Communication: I understand electronic communications (email, text, teleconference) may not always be secure, and I consent to their use.
- Non-Substitution: This consultation is not a substitute for ongoing care by a licensed healthcare provider.
- Limitation of Liability: Lunarix Health PLLC and Mel Randle, AGACNP-BC, are not liable for any decisions made based on this consultation.
- Jurisdiction: This consultation is governed exclusively by the laws of the State of Illinois.

Acknowledgment

By signing below (or checking the consent box if online), I acknowledge and agree to the terms above.

Client Name: _____

Signature (if in person): _____

Date: _____