

Assister Waiver Agreement

Health Is Your Wealth, LLC

Effective Date: October 10, 2025

Waiver Confirmation

This waiver confirms that the undersigned client has voluntarily chosen to include a designated assister to support access to services provided by Health Is Your Wealth, LLC.

Purpose

Health Is Your Wealth, LLC offers reasonable accommodations for individuals who are blind. To ensure transparency, confidentiality, and ethical service delivery, clients must acknowledge and approve the presence of an assister during sessions.

Client Acknowledgment

- I am voluntarily including an assister to support my access to services.
- I understand that the assister may be present during confidential discussions and service delivery.
- I have informed the assister of their role and responsibility to maintain confidentiality.
- I release Health Is Your Wealth, LLC from liability related to the assister's actions or conduct.

Assister Agreement

- Maintain strict confidentiality regarding all information shared during sessions.
- Refrain from interfering with service delivery or decision-making.
- Act solely in a supportive role as directed by the client.

Consent and Signature

I understand and accept the terms of this waiver. I affirm that I have had the opportunity to ask questions and that I am signing voluntarily.

Client Name:	
Client Signature:	
Date:	
Assister Name (if applicable):	
Assister Signature:	
Date:	

