

PREFERRED ACTIVITY ENHANCEMENT METHOD:

Walking \_\_\_\_\_ Bicycling [inc. stationary] \_\_\_\_\_ Golf \_\_\_\_\_  
Jogging \_\_\_\_\_ Rowing \_\_\_\_\_ Tennis \_\_\_\_\_  
Running \_\_\_\_\_ Calisthenics \_\_\_\_\_ Other \_\_\_\_\_  
Swimming \_\_\_\_\_ Aerobic Dance \_\_\_\_\_

I understand that this weight loss program that I am requesting will be designed for me according to the information about myself which I have supplied, and therefore, my plan should not be used by others. I understand that the success of the plan is largely dependant on my adherence to recommendations of the plan and attendance at information sessions. I also understand that the program does not offer medical advice. I have consulted with my physician regarding participation in this weight loss program. I understand that I am fully responsible for any physical harm that may occur to me while participating in this program and understand that the program's author does not assume any liability with regard to this weight loss program.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Method of payment I will use: \_\_\_\_\_

Acknowledgement Confirming Receipt of HIPAA Privacy Notice

I acknowledge I have received a copy of Meaghan Tatulli RD/Meaghan's Healthy Habits LLC's HIPAA Privacy Notice.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

BEST REGARDS AND HEALTH,  
MEAGHAN TATULLI R.D.  
MEAGHAN'S HEALTHY HABITS LLC