

I _____, give consent to Vanessa Filippelli, RHN (practitioner) to provide nutritional counselling to myself or the client for which I am legally responsible. I understand that the purpose of taking part in this program is to help improve my overall health, wellness and lifestyle. I understand that Vanessa Filippelli RHN is a Registered Holistic Nutritionist - not a medical physician - and does not dispense medical advice, medication or prescribe treatment. Rather, she will provide education to improve my knowledge of health as it relates to food, dietary supplements and lifestyle habits. While nutritional counselling is important, it is not a substitute for the diagnosis, treatment or care of disease by a medical provider. If the client is under the care of a healthcare professional or currently uses prescription medication, the client should discuss any dietary changes or dietary supplement use with their healthcare provider, and should not discontinue the use of prescription medication without first consulting with their physician.

I understand that the practitioner will keep all documents related to me including, but not limited to, assessments, food diaries, forms, worksheets, audio, transcripts, video, images and any other notes related to me while we work together. All information collected will be kept confidential, and will not be shared with a third party unless consent is obtained by the client, or compelled to do so by law. I may be in contact with Vanessa Filippelli, RHN using email communication to relay such items as appointment times and for brief check-ins to discuss progress. Because it is not possible to guarantee security of this form of communication, it is generally not recommended that the client share other personal health information. However, it is the decision of the client what to include in their email and will take full responsibility for the security of this information.

The client takes full responsibility for their life and well-being, as well as the life and well-being of their children and family members (where applicable). The client assumes the risks involved in nutritional counselling such as trying new foods, dietary supplements and lifestyle changes. The client releases the practitioner and All In Holistic Nutrition from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands arising from the client's past or future participation.

Payments are due at the time of service and there are no refunds for payments made to Vanessa Filippelli, RHN and All In Holistic Nutrition. Extended health care benefits may cover Holistic Nutrition services. However, it is up to you, the client, to submit to your insurer for reimbursement of the fees. Please contact your insurer for individual coverage.

In the event the client does not provide 24 hours notice for cancellation of appointment or does not show up to a scheduled appointment, Vanessa Filippelli and All In Holistic Nutrition reserves the right to charge the client a \$50 cancellation fee, unless in the event of emergency.

I have read and fully understand the above information.

Client Name:

Client Signature:

Date: