

# The Real Food Life

Nutrition Consulting with Christine Donovan, CNC

## Nutrition Counseling Agreement

**This Nutrition Counseling Agreement (“Agreement”)** is entered into on   
by and between:

### Nutrition Provider:

**Name:** Christine Donovan, CNC

**Business Name:** *The Real Food Life, Inc.*

**Email:** Christine@Therealfoodlifeinc.com

**Phone:** 516-382-1879

and

### Client:

**Name:**

**Address:**

**Email:**

**Phone:**

### 1. Purpose

This Agreement outlines the terms and conditions under which *The Real Food Life, Inc.* will provide personalized nutrition counseling and education services to the Client.

## 2. Scope of Services

### Services Provided:

Nutrition counseling is designed to provide guidance, education, and support in developing healthy eating habits and lifestyle changes. Recommendations are based on the information provided by the client.

*The Real Food Life, Inc.* agrees to provide the following services:

- Initial comprehensive nutrition assessment
- Personalized nutrition and lifestyle plan
- Follow-up counseling sessions
- Educational resources and ongoing support

Services are provided through secure video conferencing (Zoom).

**Session Frequency and Duration:** 1 hour initial Consultation and 45 minute follow up appointments.

## 3. Fees and Payment

- **Total Fee:** \$100 for 1 hour Initial Consultation and \$75 for 45 minute follow up appointments.
- **Payment Schedule:** Due in full prior to the session.
- **Payment Methods Accepted:** Venmo, PayPal, Zelle

## 4. Cancellation and Rescheduling

Clients must provide at least **24 hours notice** to cancel or reschedule a session.

- Cancellations made less than 24 hours before the appointment may incur a fee.
- "No-show" appointments will not be refunded.
- Repeated last-minute cancellations may result in termination of services.

## 5. Virtual Session Policy (Zoom Appointments)

Virtual nutrition counseling sessions are offered as a convenient and secure way to receive support remotely.

By participating in virtual sessions, the Client acknowledges and agrees to the following:

### 1. Technology Requirements:

- The Client is responsible for ensuring a stable internet connection, functioning audio and video, and a private environment during sessions.
- *The Real Food Life, Inc.* is not responsible for technical issues or interruptions caused by the Client's internet connection or devices.

### 2. Platform Security:

- Virtual sessions are conducted via **Zoom**, which uses encryption and password protection to ensure privacy.
- Meeting links will be sent directly to the Client's registered email prior to each session.

### 3. Confidentiality:

- The same confidentiality standards apply to virtual sessions as to in-person services.
- Sessions should be held in a private space to ensure confidentiality on both sides.

### 4. Recording Policy:

- Sessions **will not be recorded** by *The Real Food Life, Inc.* without the Client's express written consent.
- The Client may not record or share any part of a session without written permission from *The Real Food Life, Inc.*

### 5. Technical Interruptions:

- If a technical issue disrupts a session, the Provider will attempt to reconnect immediately.
- If reconnection is not possible within 10 minutes, the Provider will contact the Client to reschedule the remaining session time at no additional cost.

## 6. Client Responsibilities

The Client agrees to:

- Provide accurate and complete information regarding health, diet, lifestyle, and medical history.
- Follow nutrition recommendations and plans to the best of their ability.
- Inform *The Real Food Life, Inc.* of any changes in health status, medications, or medical advice from a licensed provider.

## 7. Disclaimer

*The Real Food Life, Inc.* and its consultants are **not medical doctors** and do **not diagnose, treat, or cure medical conditions**.

All services provided are for **educational and informational purposes only** and are **not a substitute for medical advice**.

Clients are advised to consult with their licensed physician or healthcare provider before making any changes to diet, exercise, medications, or lifestyle.

## 8. Confidentiality and Privacy

All Client information and records will be kept strictly confidential and will not be disclosed without written consent, except as required by law.

If services are provided virtually, all reasonable efforts will be made to protect confidentiality through secure and encrypted communications.

## 9. Termination of Agreement

Either party may terminate this Agreement at any time by providing written notice.

## 10. Limitation of Liability

The Client understands and agrees that *The Real Food Life, Inc.* shall not be held liable for any damages, injuries, or losses resulting from the use or misuse of the information or recommendations provided.

## 11. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of New York.

## 12. Entire Agreement

This document constitutes the entire agreement between *The Real Food Life, Inc.* and the Client and supersedes all prior agreements or understandings, whether written or oral.

### Acknowledgment & Agreement:

By signing, the client agrees to participate in services under the conditions described above.

**Client Signature:**

**Date:**

**Consultant Signature:**

**Date:**

## Informed Consent Addendum

**The Real Food Life, Inc.**

Nutrition Consulting Services

**Client Name:**

**Date:**

### Purpose of Nutrition Counseling

The purpose of nutrition counseling is to provide education, guidance, and support regarding healthy eating habits, lifestyle changes, and nutritional goals. Services are designed to help clients make informed decisions about their health and well-being.

## Nature of the Relationship

I understand that:

- The services provided by *The Real Food Life, Inc.* and its consultants are for **educational and informational purposes only**.
- My nutrition consultant is **not a medical doctor** and does not provide medical diagnosis, treatment, or prescription of medication.
- Nutrition counseling is not **intended to replace** medical care from my primary care physician or other licensed healthcare providers.

I am encouraged to consult with my healthcare provider regarding any medical condition and before making any significant changes to my diet, exercise, or medication regimen.

## Client Responsibilities

I agree to:

- Provide accurate and complete health and medical information.
- Inform my nutrition consultant of any medical diagnoses, medications, or treatments I am undergoing.
- Notify consultant of any changes in health status.
- Take full responsibility for my own health decisions and outcomes resulting from the implementation of recommendations.

## Confidentiality

All personal and health information shared during sessions will remain confidential and will not be disclosed to anyone without my written consent, except as required by law.

If participating in **virtual sessions** (via Zoom or other platforms), I understand that reasonable measures are taken to ensure privacy and data protection, but I accept that no online system is completely risk-free.

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## Risks and Benefits

I understand that potential benefits of nutrition counseling may include improved health, energy, and overall well-being.

However, I also understand that there are **no guaranteed outcomes**, and that results depend on my personal commitment and consistency in applying the recommendations.

## Consent to Participate

By signing this form, I acknowledge that I have read, understood, and agree to the information above. I agree to participate in nutrition counseling with *The Real Food Life, Inc.*

I understand that I may withdraw my consent and discontinue participation at any time by providing written notice.

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

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

**Consultant Signature:** \_\_\_\_\_

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

**Name:** Christine Donovan, CNC

**Business:** *The Real Food Life, Inc.*

