

INFORMED CONSENT FORM & TERMS FOR NUTRITION COUNSELING

I, _____ (PLEASE PRINT NAME), give consent NutriCenter LLC to provide Nutrition Counseling to myself or the client for which I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle. I acknowledge the purpose of nutritional counseling is to support wellness, a healthy attitude, lifestyle, and diet, and that results are not guaranteed.

While nutritional support can be an important complement to my health and disease management, I understand these services are not a substitute for medical care. Additionally, I understand that any information provided is a recommendation for improving health and not a prescription. Nutritional counseling is an important complement to health and disease management but is not a substitute for medical diagnosis, treatment, or the care of a medical physician. Additionally, I promise to provide a complete and accurate account of any medical conditions that I may have and any medications that I am taking.

Methods of nutrition evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in session NutriCenter will be kept confidential unless I consent to share my medical information.

I hereby release and discharge, indemnify, and hold harmless NutriCenter LLC, their officers, agents, employees, and persons acting on their behalf, from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I receive from NutriCenter LLC. I have read this consent form and the terms contained herein carefully. I understand the terms of this form fully and voluntarily agree to be bound by them.

This agreement and release are being signed voluntarily and not under duress of any kind.

Name: _____

Address: _____

City, State, Zip: _____

phone: _____ Email: _____

Client Signature: _____ **Date:** _____