



Effective date: August 11, 2016

Informed Consent

I _____ give consent to RESULTS. Professional Food Coaching, LLC to provide Nutrition Counseling to myself or the client for whom I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle.

I understand that RESULTS. Professional Food Coaching, LLC employs Registered Dietitians, not medical physicians, and does not dispense medical advice, nor will she diagnose or treat any medical condition. The Registered Dietitians provide education to enhance my knowledge of health through the use of whole foods, dietary supplements, and emotional awareness.

While nutritional support can be an important compliment to my medical care, I understand these services are not a substitute for medical care. Methods of nutritional 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.

E-mail and video conferencing are for your benefit only. Information is not shared without additional consent from you. However, **e-mail exchange and video conferencing are not inherently secure. By signing this form, you are confirming that it is acceptable to contact you by email and video conferencing and to leave a message on the phone of the number you provide despite the fact that private information may be exchanged.**

Licensing requirements for Registered Dietitians differ in every state and country. **You will be working with a dietitian who may not be registered in the state in which you reside. If you are working with a dietitian virtually, you will assume all liabilities regarding working with a dietitian across state borders.**

You have the right to review the *Notice of Privacy Practices* before signing this consent form. The terms of the *Notice of Privacy Practices* may change from time to time. You can get a copy of the latest Notice of Privacy Practices by contacting our office. We also will post a copy of our current *Notice of Privacy Practices* on our website.

You have the right to request that we restrict how we use or disclose protected health information to carry out treatment or payment. We do not have to agree to such requests, but must honor the requests to which we agree.

You have the right to revoke this consent in writing, and the revocation will become effective except to the extent that we acted in reliance on your consent.

By signing below, you hereby consent to our use of your protected health information to carry out treatment and payment and acknowledge receipt of a copy of this consent if requested. You also consent to hold RESULTS. Professional Food Coaching, LLC harmless for claims or damages in connection with our work together. This is a contract between myself and RESULTS. Professional Food Coaching, LLC and I understand that it is also a release of potential liability.

Printed name: _____

Signature: _____ Date: _____