



## **INFORMED CONSENT FOR NUTRITION SERVICES**

Welcome!

Thank you for choosing **Germanese Nutrition Consulting, LLC** for your nutrition services. This document contains detailed information regarding your rights and responsibilities and my business policies. Please read it carefully.

### **Counseling Process and Your Rights Regarding Treatment:**

I am voluntarily engaging in the counseling services provided by Germanese Nutrition Consulting, LLC to obtain information and guidance about health factors within my own control (diet, nutrition, and related behaviors) in order to enhance and support my health and wellness.

I understand that Jessica Germanese, RD, LD is a Registered and Licensed Dietitian and Nutritionist and does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health and nutrition as it relates to food, dietary supplements, and behaviors associated with eating. While nutrition support can be an important compliment to my medical care, I understand that nutrition counseling is not a substitute for the diagnosis, treatment, and care of a disease by a medical provider. This evaluation and education is intended as a guide to developing an appropriate nutrition care plan for me, and to monitor my progress in achieving my goals. I understand that Jessica and I will work together to define my goals for nutrition counseling. Since nutrition counseling is not an exact science, I understand that the results of counseling can be variable. I understand that the attainment of a positive outcome is dependent upon the effort expended by both myself and Jessica and I am willing to work as a team in this experience.

I understand that I have the right to ask questions about my care. I have a right to choose a Registered Dietitian who best suits my needs and purposes. I also have the right to end my counseling at any time and understand that I should notify Jessica when I am finished. If I decide that I would like to

continue my nutrition care with another professional, Jessica can help facilitate that process. I understand that Jessica reserves the right to refer me to another professional, if the level of care provided by Jessica is assessed to be an inappropriate level of care.

I understand that Jessica Germanese, RD, LD/Germanese Nutrition Consulting, LLC has the right to terminate nutrition counseling services, if written notification is provided to the client 30 days in advance of the final appointment. This will include a listing of referrals for continuity of care.

I agree to hold Jessica Germanese, LD, LD/Germanese Nutrition Consulting, LLC harmless for any and all claims, or damages, in connection with our work together and also release same of all potential liability.

**Contacting Jessica:**

I understand that Jessica checks email and confidential voicemail daily but does not guarantee an immediate response and makes every effort to return emails & calls within 48 business hours. I also understand that Jessica will not offer nutrition counseling over email, but rather uses email communication mainly for scheduling purposes and short responses before or after a counseling session.

**Appointments:**

The scheduling of an appointment involves the reservation of time specifically for each client. I agree to make every effort to keep all scheduled appointments and to be on time. Appointments may take place in the office or over the phone. I understand that Germanese Nutrition Consulting, LLC has a 48-hour cancellation policy. In the event I fail to give a full 48-hour notice of a cancellation via email or phone, I am aware that I will be charged a cancellation fee equal to the cost of the session. Initial appointments are scheduled for 60 minutes. Generally, follow-up sessions are 30 minutes or 50 minutes in duration. Session frequency and follow up duration will vary among individuals and the goals being targeted.

**Professional Fees and Financial Agreement:**

Fees vary depending on type and length of service provided. Please refer to the Financial Agreement and Cancellation Policy for details. There are no refunds for sessions that have transpired.



*Please sign this page and bring it to your first appointment.*

*Thank you.*

*\*\*\* Please sign below to indicate you have read and understand the above notifications and agree to the terms. This signature also indicates that you are consenting to receive Nutrition Counseling services from Jessica Germanese RD, LD/ Germanese Nutrition Consulting, LLC\*\*\**

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**Client Signature**

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**Date**

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**Parent/Guardian Signature**

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**Date**