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# Informed Consent and Terms for Nutritional Counseling

**Consent for Nutritional Counseling**

I understand the consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle. I understand that the nutrition practitioners I am seeing are nutritionists and not medical physicians. Thus, they will not dispense medical advice and will not diagnose medical conditions. The nutrition practitioners will provide nutritional support and nutrition education for an already diagnosed condition and/or to enhance my nutritional health.

While nutritional support can be an important compliment to my health and disease management, I understand these services are not a substitute for medical care. 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.

**Confidentiality and Consent for Web-Based Counseling**

Medical records and personal information and history divulged in counselling sessions with Shel’s My Coach, LLC. will be kept confidential, unless I consent to sharing my medical information.

Further, if I would like nutritional advice provided through web-supported platforms I understand and accept that Internet associated activities are inherently at risk for a breach of personal information. I understand that if I schedule a web-based session that this implies consent and understanding of these risks.

I hereby release and discharge, indemnify, and hold harmless Shel’s My Coach, LLC., the Regents of SCNM, 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 Shel’s My Coach, LLC..

#### **Cancellation Policy**

I understand that I must provide 24 hours’ notice of cancellation or rescheduling. I understand that failure to show, or cancellation with less than 24 hours’ notice, will result in a charge of 100% of the service price.

I have read this consent form and terms contained herein carefully. I understand the terms of this form fully and voluntarily agree to be bound by them.

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Client or Legal Guardian’s Signature Date

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