

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I am employing the counseling services of Julie Rothenberg MS, RD, LDN / JuliENERGYnutrition, LLC (“JuliENERGYnutrition”) so that I can obtain information and guidance about health factors within my own control (diet, nutrition, and related food behaviors) in order to nourish and support my health and wellness.

I understand that Julie Rothenberg is a Registered Dietitian/Nutritionist, Nutrition Educator and Certified Intuitive Eating Counselor and does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to foods, dietary supplements, my relationship with food and behaviors associated with eating. While nutritional and botanical support can be an important compliment to my medical care, I understand nutrition counseling is not a substitute for the diagnosis, treatment, or care of disease by a medical or psychological provider.

Nutritional evaluation or testing provided in counseling is not intended for the diagnoses of 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.

I understand that JuliENERGYnutrition will keep therapy notes as a record of our work together. These notes document the topics that we talk about, interventions used, and treatment plan or any other considerations that may be helpful to your work with me. I understand that JuliENERGYnutrition has the right to refuse any request for amendment of therapy documentation.

I acknowledge that I have read and understand the HIPAA privacy notice found at JuliENERGYnutrition.com or as provided by JuliENERGYnutrition in virtual or hard copy form.

I understand that JuliENERGYnutrition offers two HIPAA-compliant office settings and a HIPAA-compliant telehealth communication method. If I choose to forgo these methods and utilize a means of communication or physical location more convenient for me, JuliENERGYnutrition is not liable for any potential breach of privacy or any applicable HIPAA rights.

I agree to hold JuliENERGYnutrition harmless for claims or damages in connection with our work together. This is a contract between myself and JuliENERGYnutrition, and I understand that it is also a release of potential liability.

I understand that JuliENERGYnutrition has a 24-hour cancellation policy, and I am aware that I will be charged 75% the cost of the session for a missed appointment if proper notice is not given (by phone or email). This same integrity is in effect for JuliENERGYnutrition. Should she ever have to cancel within 24 hours of the appointment, your next follow up appointment is free.

Payment is required at the time of service. Cash, check and major credit cards are accepted. I understand that JuliENERGYnutrition does not take insurance nor does she assist with any efforts a client may take on their own to submit claims to their insurance.

Nutrition counseling services may be terminated at the discretion of JuliENERGYnutrition if written notification is provided to a client 30 days in advance of final appointment. This will include a listing of referrals for continuity of care.

If any provision in this agreement is found unenforceable, then that provision will be severed from this agreement and not affect the validity and enforceability of any remaining provision.

_____ **Print Name**

_____ **Sign Name**

_____ **Date**