

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I, _____ (PLEASE PRINT NAME), grant consent to Shandi Trout, RDN, for Nutrition Counseling, either myself or the client I am legally responsible for. This consultation aims to provide information and guidance on health factors within my control, encompassing diet, nutrition, and lifestyle. I acknowledge that the purpose is to foster wellness, a healthy attitude, lifestyle, and diet, with the understanding that specific results are not guaranteed. Recognizing Shandi Trout, RDN's practice within her registered dietitian scope, I anticipate enhancing my health knowledge through insights into food, dietary supplements, and eating behaviors. The employment of Shandi Trout, RDN's counseling services, is driven by my quest for information and guidance on health factors under my control, primarily focusing on diet, nutrition, and related behaviors to nourish and fortify my overall health and wellness.

I understand that Shandi Trout, RDN, is a Registered Dietitian/Nutritionist and Nutrition Educator and does *not* dispense medical advice nor prescribe treatment. Instead, she provides education to enhance my knowledge of health related to foods, dietary supplements, and behaviors associated with eating. While nutritional support can complement my medical care, I understand that nutrition counseling is not a substitute for a medical provider's diagnosis, treatment, or care of disease.

Nutritional evaluation or testing provided in counseling is not intended for disease diagnosis. Instead, these assessments are designed as a guide to developing an appropriate nutrition-supportive program for me and to monitor my progress in achieving my goals.

Privacy Policy

I understand that Shandi Trout, RDN, will keep therapy notes to record our work together. These notes document the topics we talk about, interventions used, treatment plan, and any other considerations that may be helpful to your work with me. Records will be stored in a secure location.

Medical records, personal information, and history divulged in session to Shandi Trout, RDN, will be kept strictly confidential unless I consent to sharing my medical and nutritional information through a signed release.

I acknowledge that I have read and understand the HIPAA privacy agreement found at chefshandithedietitian.com or as provided by Shandi Trout, RDN, in hard copy form. I agree to hold Shandi Trout, RDN, harmless for claims or damages concerning our work together. This is a contract between Shandi Trout, RDN, and me. I understand that it is also a release of potential liability.

Additionally, I approve the appointment to take place in an open space or on a public or private site of my choice.

Arriving late, No show, and Late Cancellation Fee

If you arrive at your appointment late, the session will end at the scheduled time regardless of when it started, and full payment is expected. I understand that Shandi Trout, RDN, has a 24-hour cancellation policy. I know I will be charged the \$50 for a missed appointment if proper notice is not given (by phone or email). This same integrity is in effect for Shandi Trout, RDN. If she ever has to cancel within 24 hours of the appointment, your next follow-up appointment is free.

Payment is required at the time of service. Cash, checks, and major credit cards are accepted. Nutrition counseling services may be terminated at the discretion of Shandi Trout, RDN if written notification is provided to a client 14 days before the final appointment. This notification will include a listing of referrals for continuity of care.

NUTRITION COUNSELING POLICY

Thank you for choosing Shandi Trout; RDN is a part of your healthcare team. The following is a statement of our Nutrition Counseling Financial Policy, which we require you to read and sign before treatment.

By initialing and signing this form in the designated spots below, I acknowledge and accept the following:

Please Initial

_____ I understand that I have the option of paying per visit or paying in full for the entire program. If paying per visit, the initial consult/evaluation is due at the time of service, and all subsequent follow-up appointments are due 24 hours prior to the appointment. I understand that all services are to be paid in full at the time of my visit. If committing to the program (including the initial consult), the total amount is due at my first visit.

_____ I understand that Shandi Trout, RDN, does not accept the assignment of insurance benefits for nutritional-based services. If needed, a statement printout can be requested to submit to my insurance or HSA company. I recognize that treatment codes used for billing are non-traditional and may not be accepted by my insurance or HSA company despite having nutrition-based benefits as part of my policy.

_____ I understand that it is my responsibility to purchase any recommended supplements after my evaluation or follow-up visits. I understand that Shandi Trout, RDN, does not keep supplements in stock or make any individualized orders to the office.

I am approving for the appointment to take place in an

_____ open space or on a _____ public or private site of my choice

_____ I understand that I am required to give Shandi Trout, RDN 24 hours' notice if I need to cancel or reschedule my appointment. If I cancel within 24 hours or do not show up for my scheduled appointment time, I accept that I may be charged a fee of \$50.

_____ I understand that my payments, whether towards individual sessions or programs, are non-refundable and non-transferable. These payment(s) will apply only to Nutrition Counseling. Likewise, I acknowledge that these payments will be used for myself (listed below)

Client or Guardian's Signature

Date

Print Name

