



INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I _____ employing the counseling services of Smart Weight Loss operated by Keren Chaham MS. DTR so that I can obtain information and guidance about health factors within my own control (diet, nutrition, and related behaviors) in order to nourish and support my health and wellness.

I understand that Keren Chaham MS. DTR. is a Dietetics/nutrition technician Registered and Nutrition Educator 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, 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 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 Keren Chaham MS. DTR. 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.

Records will be stored in a secure location.

Medical records, personal information and history divulged in session to Keren Chaham MS. DTR will be kept strictly confidential unless I consent to sharing my medical and nutritional information by way of a signed release.

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

I understand that KerenChaham MS. DTR. has a 24-hour cancellation policy, and I am aware that I will be charged a follow up fee (\$75.00) for a missed appointment if proper notice is not given (by phone or email).

Payment is required at the time of service. Cash or checks are acceptable

Nutrition counseling services may be terminated at the discretion of Keren Chaham MS. DTR. If written notification is provided to a client 14 days in advance of final appointment. This will include a listing of referrals for continuity of care.

Client or Guardian's Signature Date

Print name: _____