



Food 4 Success, LLC

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING AND EDUCATION

I _____ give consent to Food 4 Success, LLC to provide Nutrition Counseling to myself or the client for which I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle.

I understand that Elissa Lueckemeyer is a Registered Dietitian and not a medical physician. She does not dispense medical advice, nor will she diagnose or treat any medical condition, but will provide nutritional support and nutrition education for an already diagnosed condition. She provides education to enhance my knowledge of health through the use of whole foods, dietary supplements, and emotional awareness.

While nutritional support can be an important compliment to my medical care, I understand these services are not a substitute for medical care. I understand that desired results are not guaranteed.

Methods of nutritional 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.

Medical records and personal information and history divulged in session to Food 4 Success, LLC will be kept confidential under the terms outlined in the Notice of Privacy Practices form. I understand that medical or nutritional information may need to be released to coordinate care or process payment.

I agree to hold Food 4 Success, LLC and Elissa Lueckemeyer RD, LD harmless for claims or damages in connection with our work together.

I understand that Elissa Lueckemeyer RD, LD will maintain therapy notes as a record of our work together. These notes document the topics that we discuss, 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.

Payment is to be collected at the end of each appointment in the form of cash, check, or credit card (Visa, MasterCard, Diner's Club, Discover, JCB).

I understand Food 4 Success, LLC has a 24-hour cancellation policy. A fee of \$30.00 will be charged for a missed appointment if proper notice via phone or email is not provided.

There is a charge of \$25.00 for any returned checks.

This is a contract between myself and Food 4 Success, LLC and I understand that it is also a release of potential liability.

Client or Guardian's Signature Date

Print Name (s)