



Office Policies and Consent to Treatment

Welcome! I look forward to working with you in holistic nutrition. I believe your commitment to the health and wellness process will provide you positive changes throughout your life. I do want you to know that this is not a diet center, I teach you how to fuel your body for optimum health through eating whole foods and supplementation.

CONFIDENTIALITY: All information disclosed within sessions is confidential which means I will not disclose any information (including whether or not you are my client/patient) to anyone without your prior permission.

PAYMENT FOR SERVICES: Patients are expected to pay in full for services when signing up for a package after initial nutritional consultation. We accept cash, credit card or checks. All packages expire six months after the purchase date. Packages are nonrefundable and nontransferable. If paying for individual consultation, payment is due at the time of service.

VACATION POLICY: I travel for personal and professional reasons. When I am out of the office I will typically leave my assistant in charge or can be reached by email if necessary. I will inform you of these dates as they come about.

CANCELLATION POLICY: When we reserve an appointment, I reserve this time specifically for you. We require a minimum of **24 hours** when canceling appointments. It is our duty to set standards such as these to protect our time invested in you as the patient. A no show fee will be given at \$40 for missing appointments without notification or without reasoning within a prior 24 hour period before appointment.

I have read and understand the cancellation policy. I have provided a credit card to keep in my file and understand it will ONLY be charged after a missed appointment if not enough notice is given within 24 hours.

I consent to regular appointments and treatment, and have read and understand the above policies.

Signature: _____ Date: _____

Print name: _____