

LIMIT OF SERVICES DISCLOSURE

To: (Client Name)

Welcome to my practice. As you know, I am a nutrition consultant. I am not a licensed physician, nor are nutrition consultation services licensed by the State of (State in which you practice). The idea behind nutrition consulting is that:

When properly grown and prepared, foods and the nutrients found in foods, can be supportive of health, enhancing quality of life and well-being.

As a nutrition consultant, I will provide you with the following kinds of services:

- ✓ Diet and nutrition evaluation
- ✓ Individualized dietary guidance appropriate to your lifestyle and environment
- ✓ Education and research on your health concerns
- ✓ Health support complementary to that provided by licensed professionals

My training and education includes:

- ✓ (List all formal training in holistic nutrition, and date(s) of graduation)
- ✓ Continuing education in nutrition (provided upon request)

I am a member of the National Association of Nutrition Professionals (www.nanp.org). This organization sets standards, ethics and scope of practice guidelines for nutritionist professionals.

In order to use my services, (State name) state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three (3) years.

My services in nutrition consultation are alternative or complementary to healing arts that are licensed by the State of (State name). Under Section(s) (enter State code) of (State's) Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on the back of this page.

If you ever have any concerns about the nature of my services or our work together, please contact me right away. I recommend that you inform your medical doctor that you are receiving nutrition consulting services.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the nutrition consultation services offered by (holistic nutrition professional's name)'s training and education. I have discussed with (holistic nutrition professional's name) the nature of the services to be provided. I understand that (holistic nutrition professional's name) is not a licensed physician and that nutrition consultation services are not licensed by the State. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health care provider. I have consented to use the services offered by (holistic nutrition professional's name), and agree to be personally responsible for the fees in connection with the services provided to me. I will provide 24-hour notice if an appointment must be missed or pay for half the missed session. I am here as an individual on my own behalf.

Signed: _____

(client/ parent /conservator/ guardian)

Date: _____