

**INFORMED CONSENT FORM & TERMS FOR BALANCE & REJUVENATE
NUTRITION SERVICES**

I am employing the counseling services of Erin Swietlik RD CDN 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 Erin Swietlik RD CDN is a Registered Dietitian/Nutritionist 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 Erin Swietlik RD CDN 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 Erin Swietlik RD CDN 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 Erin Swietlik RD CDN harmless for claims or damages in connection with our work together. This is a contract between myself and Erin Swietlik RD CDN, and I understand that it is also a release of potential liability.

Payment is required at the time of service. Cash, check and pay pal are accepted forms. In the event of my absence or withdrawal, for any reason whatsoever, I agree to remain fully responsible for the unpaid balance of the Nutrition Services. Under no circumstance will Erin Swietlik RD CDN refund any payments made. By signing this Agreement, I agree to be legally obligated to pay the full amount specified for the Nutrition Service.

Client or Guardian's Signature

Date

Print Name