Integrative Nutrition For Life, LLC Health Coaching Consent

Thank you for choosing Integrative Nutrition For Life, LLC. We look forward to providing an individualized quality Integrative Nutrition Coaching. In order to assist you in achieving your health-related goals as efficient as possible, please answer all the following questions, read , and sign this form.

Name_____ Age:_____ DOB _____ Sex/Gender_____
Address_____City/State _____Zip_____
Marital Status_____ Phone _____Email address_____
Occupation_____ Emergency Contact_____Relation_____
Phone_____Who referred you?_____

I voluntarily consent for Gloria Palefsky, Certified Integrative Nutrition Health Coach (CINHC), to provide service to me.

I understand that it is important that I contact my other healthcare providers and alert them to my use of nutritional supplements; nutritional regimen may be a beneficial adjunct to more traditional care. It may also alter my need for medications. Therefore it is important to keep my Physician informed of changes in my nutritional program.
I understand that a CINHC is not a trained or licensed to diagnose, treat pathological conditions, illnesses, injuries, or diseases, and is not a substitute for my family Physician or any other healthcare provider.
I agree that if I have physical, or emotional reaction to nutritional regimen, I will discontinue their use immediately, and contact the health coach to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the food, supplements, or new physical activity routine.
I understand that I am entitled to receive information about the food preparation, weight management plan and duration of the coaching session based on agreement.
I may seek second opinion from another healthcare provider or may terminate the Integrative nutrition health coaching session.
Integrative Nutrition For Life, LLC is HIPAA (Health Insurance Portability and Accountability Act) compliant. A complete copy of HIPAA guidelines is available upon request.
In a professional relationship, sexual intimacy is NEVER appropriate and should be reported to the Director of the Division of Regulatory Agencies.
If at anytime you wish to contact Integrative Nutrition For Life, LLC via email, or vice versa, for communication which may contain protected health information.
Please Initial for Consent____

I also understand that other methods of collaborations, such as confidential email and private electronic group communication may be used to coordinate my care in accordance with HIPAA regulations.
Please Initial for Consent____

I understand payment is due at the time of service and I agree to address financial concerns with Integrative Nutrition For Life, LLC prior to coaching session. I understand that Integrative Nutrition For Life, LLC gladly accepts *cancellations up to 24 hours* in advance without penalty. Missed appointments without advance notice will be *charged 25%* of the scheduled coaching session.
Please Initial for Consent____

I have carefully read and I understand all of the above information. I am fully aware of what I am signing.

_____ Date_____
Signature (Patient/Parent/Guardian)