



CITRUS MEDICAL

Eat right, live strong.

P.O. BOX 721762
HOUSTON TX, 77272

PHONE: 281-624-6522

FAX: 1888-978-5539

EMAIL: INFO@CITRUSMEDICAL.NET

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I, _____ give consent to Citrus Medical Inc. 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 I will be consulting with **Registered Dietitians and not medical physicians**. As such, they will not diagnose medical conditions, but will provide nutritional support and nutrition education for an already diagnosed condition. While nutritional support can be an important compliment to my health and disease management, I understand that these services are not a **substitute** for medical care. Methods of nutrition 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 Citrus Medical Inc. will be kept confidential, unless I consent to sharing my medical information. I hereby release and discharge, indemnify, and hold harmless Citrus Medical Inc., their staff, agents, employees, and persons acting on their behalf, from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I receive from Citrus Medical Inc.

Cancellation Policies

- We charge the full fee for individual therapy appointments canceled with less than 24 hours' notice.
- There are no refunds **under any circumstances** for sessions after a module has been paid.
- Payment is preferred only through PayPal and Citrus Medical INC. can also accept cash/check through arrangement with the company prior to every session.
- A \$40 charge will be assessed for any bad check.
- Payment is due in full prior to the beginning of a new session in order to guarantee a continuing spot with the dietitian.
- Last minute decisions to continue your sessions are welcomed on a space available basis.
- Services can be suspended if payments are delinquent.

I have read this consent form and terms contained herein carefully. I understand the terms of this form fully and voluntarily agree to be bound by them.

_____ Client/Legal Guardian's Name

_____ Client/Legal Guardian's Signature

Client/Legal Guardian's Signature Date_____