

Terms of Nutrition Counseling and Informed Consent

I understand that I am employing the counseling services of Dr. David Paolini/Relief Chiropractic 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 overall health and wellness. I understand the purpose of nutrition counseling and the benefits and risks, if any, associated with counseling. I understand that results are not guaranteed. I understand that Dr. David Paolini/Relief Chiropractic is a Chiropractor and does not dispense medical advice nor prescribe treatment other than what pertains to chiropractic under the state board of chiropractic, federal and state laws, and his chiropractic license. Rather, regarding nutritional counseling, he provides education to enhance my knowledge of health as it relates to food, dietary supplements, and behaviors associated with eating. I understand nutrition counseling is not intended for the diagnosis of any disease and is not a substitute for medical diagnosis, treatment, and/or care of a disease by a medical provider. I understand that Dr. David Paolini/Relief Chiropractic will keep appointment notes as a record of our sessions. These notes will document the topics discussed, interventions/plan, goals, and progress. Records will be kept securely. All health history, personal information and medical records shared with Dr. David Paolini/Relief Chiropractic will be kept strictly confidential unless I have signed an authorization for release or where disclosure is required by law (see privacy notices). **I agree to hold Dr. David Paolini/Relief Chiropractic harmless for claims or damages in connection with our work together. This is a contract between myself, David Paolini/Relief Chiropractic, and I understand that it is also a release of potential liability.** I understand that Dr. David Paolini/Relief Chiropractic has a 24-hour cancellation policy (see payment & cancellation policy), and I am aware that I will be charged for the full cost of the appointment if proper notice is not given. Should she ever have to cancel within 24 hours of the appointment, you will not be charged, and you will receive 10% off your next purchase. For additional payment terms please refer to the payment & cancellation policy. Nutrition counseling services may be terminated at the discretion of Dr. David Paolini/Relief Chiropractic if written notification is provided to a client thirty (30) days in advance of the final appointment. This will include a listing of referrals for continuity of care.

I certify that all information contained in this form is correct and do not hold Dr. David Paolini or Relief Chiropractic responsible for any missing, incomplete, or incorrect information. I agree to the terms of nutrition counseling above.

Client Name

Date of Birth

Signature of client

Date

Signature of parent/guardian (if client is a minor)

Date