

Informed Consent & Release of Liability Form

Informed Consent

I am employing the counseling services of Kaitlin Bolt-Lovett, RD LD so that I can obtain information and guidance about health factors within my own control (nutrition, mental, behavioral...etc) in order to nourish and support my health and wellness.

I understand that Kaitlin Bolt-Lovett is a Registered Dietitian and does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to foods, supplements and behaviors associated with nutrition. While nutritional and supplemental 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.

I understand that Kaitlin Bolt-Lovett, RD LD will keep therapy notes as a record of our work together. These notes document the topics that we talk about, interventions used, and treatment plans. Records will be stored in a secure location.

I acknowledge that I have provided Kaitlin Bolt-Lovett, RD LD will all relevant personal health conditions which could affect the direction of the treatment plan, including but not limited to allergies, surgical history, medications and any hospitalizations.

Release of Liability

I agree to hold Kaitlin Bolt-Lovett, RD LD harmless for claims or damages in connection with our work together. I acknowledge that I have willingly entered into this contract between myself and Kaitlin Bolt-Lovett, RD LD and I understand that it is also a release of potential liability.

Terms of Service

Unless agreed upon in a different format, all payment is required at the time of service or paid in advance. Cash, check, online payment applications and credit cards are accepted.

I understand that Kaitlin Bolt-Lovett, RD LD has a 24-Cancellation Policy and that I am aware that I will forfeit appointment fee for a missed appointment if proper notice is not given (by phone or email). This same integrity is in effect for Kaitlin Bolt-Lovett, RD LD. Should she ever have to cancel within 24 hours of the appointment, your next follow-up appointment is free.

Counseling services may be terminated at the discretion of Kaitlin Bolt-Lovett, RD LD if written notification is provided to a client 30 days in advance of the final scheduled appointment.

Client Payment Information

A Life Nourished LLC. is a cash-based business, accepting all major credit cards and personal checks. Some services require a down payment.

A Life Nourished LLC. does not accept insurance as a form of payment nor will complete medical claims (provide diagnosis codes, procedure codes...etc). A Life Nourished LLC. is happy to provide invoices that with all necessary identifiable practice information (EIN, RD License number) so that clients may submit on their own accord.

Signature (Patient)	Date	
Print Name	Date	_