



FACE-TO-FACE CONSULTATION CONSENT FORM

Rights and Responsibilities of the Client

1. The client may ask questions on what to expect during the nutrition consultation.
2. The client may also decline to proceed the consultation based on the techniques which may be employed by the nutritionist.
3. The client may stop the session anytime, without any delay and may return at any time.
4. The nutritionist also has the right to dismiss the client from the consultation, especially if the case presented is outside of her scope.
5. The client has the right to review his or her records from the nutritionist.
6. The client can raise any concerns and to speak with the nutritionist immediately of any concerns provided that the nutritionist is likewise available to discuss matters with the client.

No-Show/Cancellation Policy

Our goal at Nourish by CH is to provide quality nutrition and wellbeing care to all our clients in a timely manner. No-shows, late arrivals, and cancellations inconvenience not only our providers, but our other patients as well. Please be aware of our policy regarding missed appointments.

The Client must provide 24-hours' notice of cancellation or rescheduling.

In the event that the client does not show up to an appointment or cancels within 24 hours of a scheduled appointment the Nourish by CH, reserves the right to charge the client 50% of the session payment fee.

The above may be disregarded in the event of an unavoidable emergency, as deemed fit by Nourish by CH.

Frequent cases of missed appointments and/or cancellations may result in refusal of future service.

Informed Consent & Privacy

I accept that it will be necessary for Nourish by CH (Nutrition & Wellness) to collect personal, medical and lifestyle information, e.g. home telephone, email address, way of eating, medical conditions, etc.

I understand that my data will be stored appropriately and kept confidential, unless I give written consent to disclose my information to any other person, medical professional, or organisation.

I understand that I may review the Service Policy of Nourish by CH so I can fully understand how it applies to me. I know that at any time I may ask questions about the Service Policy and have them answered to my satisfaction.

FULL NAME:

DATE:

SIGNATURE: