



INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I _____ give consent to Thrive Nutrition, LLC and Barbara Richardson 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 Barbara Richardson is a Registered Dietitian and not a medical physician. Thus, she 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 these services are not a substitute for medical care.

It is my responsibility to pay at the time of service unless prior arrangements have been made. I understand that any nutrition plans discussed outside of normal appointment times may come at a fee.* In the event meals are prepared during a session, I am responsible for the cost of groceries. Payment must be made by check or Zelle. If I refuse to pay my debt, Barbara Richardson reserves the right to use an attorney or collection agency to secure payment.

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 Thrive Nutrition, LLC and Barbara Richardson will be kept confidential, unless I consent to sharing my medical information.

I hereby release and discharge, indemnify, and hold harmless Thrive Nutrition, LLC, its officers, agents, employees and persons acting on its 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 Thrive Nutrition, LLC. 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.

*See 'Services' page on www.thrive-rdn.com for rate details.

Client or Legal Guardian's Signature

Date

Printed Name