INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I ______________________ give consent to Peak Nutrition Clinic 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 Kelly Ping is a Registered Dietitian -not a medical physician- and does not dispense medical advice, nor will she diagnose or treat any medical condition, but will provide nutritional support and nutrition education for an already diagnosed condition. She provides education to enhance my knowledge of health through the use of whole foods, dietary supplements, and emotional awareness. While nutritional and botanical support can be an important compliment to my medical care, I understand these services are not a substitute for medical care.

Methods of nutritional 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 Peak Nutrition will be kept confidential, unless I consent to sharing my medical information.

I agree to hold Peak Nutrition [Kelly Ping, RD] harmless for claims or damages in connection with our work together. This is a contract between myself and Peak Nutrition and I understand that it is also a release of potential liability.

_________________________________________ ______________
Client or Guardian’s Signature Date

_________________________________________ ______________
Print Name (s)