



HealthCircle Peak Nutrition Clinic

UNIVERSITY OF COLORADO
COLORADO SPRINGS

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 Julie Anderson and Claire Mademann are Registered Dietitian’s and not medical physicians. Thus, they 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.

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

I hereby release and discharge, indemnify, and hold harmless Peak Nutrition Clinic, the Regents of the University of Colorado, their officers, agents, employees, and persons acting on their 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 Peak Nutrition Clinic. 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.

Client or Legal Guardian’s Signature

Date

Printed Name

Date



University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus