

INFORMED CONSENT FORM FOR NUTRITION CONSULTING

I am employing the consulting services of Nutritional Solutions Consulting Group [Jeanne M. Wallace, PhD, CNC, and Michelle Gerencser, MS] so that I can obtain information and guidance about health factors within my own control: my diet, nutrition, and lifestyle. By optimizing these factors, I believe I can nourish and support my health and well-being.

I understand that Dr. Wallace and Ms. Gerencser are Nutrition Consultants—not medical physicians—and do not dispense medical advice nor prescribe treatment. Rather, they provide education to enhance my knowledge of health through the use of whole foods and appropriate dietary supplements. While nutritional and botanical support can be an important complement to my medical care, I understand these services are not a substitute for medical care, and are not intended for the diagnosis, treatment, alleviation, or care of disease.

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 health goals.

Medical records and personal information supplied to Nutritional Solutions will be kept strictly confidential (unless I consent to sharing my medical information). I specifically authorize the release of my medical records to/from the following parties (*if desired: circle to and/or from, fill in name, address and phone/fax below*):

to / from _____

to / from _____

I agree to hold Nutritional Solutions and its employees harmless for claims or damages in connection with our work together. This is a contract between myself and Nutritional Solutions staff, and I understand that it is also a release of potential liability. If I am returning this form by fax, I agree to permit the facsimile to take the place of the original document.

Client or Guardian's Signature Date

Print Name

Jeanne M. Wallace, PhD, CNC

PAYMENT ARRANGEMENTS

- | | |
|--|----------|
| <input type="checkbox"/> Initial Consulting Package [written report plus 1 hour prepaid consulting time] | \$350.00 |
| Follow-up Consulting with Jeanne M. Wallace, PhD, CNC | \$150/hr |
| Follow-up Consulting with Michelle Gerencser, MS | \$110/hr |

Check Enclosed Please charge my: Visa MasterCard AmEx Discover card

Name on card _____

Account Number _____ Expiration Date _____

Authorized signature _____

Cardholder's Address _____

Advance payment for consulting is required. However, you may be able to obtain insurance reimbursement. Please ask your physician for a referral for nutrition consulting (with ICD-9 and CPT-11 codes) and submit the referral and my invoice to your insurer. Consulting fees are non-refundable.