

Consent to Treat

By signing and dating this form, I allow my dietitian at Kellie Berry Nutrition, Inc. permission to provide nutrition counseling and I agree to the following:

- Nutrition counseling sessions are confidential, unless I am a threat to my own safety or to others.
- I understand that Kellie Berry Nutrition, Inc. uses a billing agency to process my insurance claims and billing and therefore only pertinent information will be released to them for this purpose.
- If I cancel an appointment with less than 24 hours' notice I will be liable for a cancellation fee of 75.00 dollars.
- It is the client's responsibility to ensure nutrition counseling sessions with their dietitian at Kellie Berry Nutrition, Inc. are covered. If for any reason the nutrition counseling sessions are not covered I understand I am liable to pay for the session at the full cost.
- Kellie Berry Nutrition, Inc. offers nutrition support via email, electronics, and the Recovery Record App. I agree to use this form of media with my dietitian at Kellie Berry Nutrition, Inc. I understand that by sending information via email or phone, there is some risk in loss of confidentiality. I am aware, that if I prefer, I can send information via mail or fax instead.

Signed,

Patient Name

Date