

## **NUTRITIONAL THERAPY INFORMED CONSENT WAIVER AND DISCLAIMER FOR HOLHEALTH HARMONY AND HOUSTON SPINAL CLINIC**

\_\_\_\_\_, Nutritional Therapist

Before you choose to use the services of a Nutritional Therapist, please read the following information FULLY AND CAREFULLY.

**GOAL:** The basic goal of an NT is to encourage people to become knowledgeable about and responsible for their own health, and to bring it to a personal optimal level. Nutritional Therapy is designed to improve your health, but is not designed to treat any specific disease or medical condition. Reaching the point of optimum health, absent other non-nutritional complicating factors, requires a sincere commitment from you, possible lifestyle changes, and a positive attitude. A nutritional therapist is trained to evaluate your nutritional needs and make recommendations of dietary change and nutritional supplements. We do NOT provide medical diagnoses, and no comment or recommendation should be construed as such. Since every human being is unique and has their own biochemistry, we cannot guarantee any specific result from our programs.

**HEALTH CONCERNS:** If you suffer from a medical or pathological condition, you will need to consult your appropriate healthcare provider. A Nutritional Therapist is not a substitute for your family physician or specialist. It is not to be used in lieu of medical needs. We are not trained nor licensed to diagnose, treat pathological conditions, illnesses injuries, or diseases.

If you are under the care of a physician, it is important to contact them and let them know you are taking nutritional supplements. Nutritional Therapy may be a beneficial adjunct to more traditional care, and it may also alter your need for medication, so it is important that you always keep your physician informed of changes in your nutritional program.

If you are using medications of any kind, you are required to alert the Nutritional Therapist to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist. However, healing reactions are very normal when correct changes occur to the body.

**COMMUNICATON:** Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. If you choose to use supplementation, it is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products geared to correct the imbalance. It is your responsibility to follow nutritional guidelines and recommendations, exercise your body and mind to stay in positive balance, eat a proper diet, get plenty of rest and stay abreast of nutrition. You must stay in contact with your nutritional therapist so that the correct course of action can be taken.

You should request your other healthcare provider, if any, to feel free to contact me, \_\_\_\_\_ for any questions they may have regarding nutritional therapy.

LICENSURE. A Nutritional Therapist is not licensed or certified by any state. However, a Certified NT is trained by the Nutritional Therapy Association, Inc. which provides a certification of completion to the program to students who have successfully met all course requirements, including a written and practical exam. A license to practice Nutritional Therapy is not required in some states. Laws and regulations regarding certification and licensure requirements differ from state to state. By your signature below, you I/we have confirmed that this disclaimer has been read and fully understood and is in complete agreement thereto and do freely and without duress sign and consent to all terms contained herein with HOLHEALTH HARMONY AND HOUSTON SPINAL CLINIC.

Note: Nutritional Therapy may not be covered by insurance and all costs are the sole responsibility of the client. HOLHEALTH HARMONY does not accept insurance, Medicare, or Medicaid. Cash, checks, and credit cards only.

NAME (PLEASE PRINT) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
SIGNATURE FOR CLIENT \_\_\_\_\_  
RELATIONSHIP TO CLIENT \_\_\_\_\_  
DATE \_\_\_\_\_

**PLEASE NOTE:**

We have a 24 hour cancelation policy. Please be sure to cancel otherwise a \$25 payment will be incurred. If you are running more than 15 minutes late, please call The Houston Spinal Care. We may need to reschedule. Our number can be found on [www.hspinalcare.com](http://www.hspinalcare.com)

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CID \_\_\_\_\_

Zip code \_\_\_\_\_