

### **Informed Consent and Terms for Nutritional Counseling**

I understand that I am employing the counseling services of Kendra Becker, MS, RDN, LDN, who is a contractor with Sunstone Psychiatric, LLC, so that I can obtain information and guidance about health factors that are within my control, such as diet and lifestyle. I acknowledge the purpose of nutritional counseling is to support wellness, a healthy attitude, lifestyle, and diet and that results are not guaranteed.

I understand that Kendra Becker, MS, RDN, LD, is a Registered Dietitian/Nutritionist and Nutrition Educator and does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to foods, dietary supplements, and behaviors associated with eating. While nutritional and botanical support can be an important complement to my medical care, I understand nutrition counseling is not a substitute for the diagnosis, treatment, or care of disease by a medical provider. If I understand that if I, the client, suspect I have an ailment or illness that may require medical attention, I would be encouraged to promptly consult with a licensed medical provider and agree to do so.

Nutritional evaluation or testing made available to me is not intended to diagnose disease. Rather, these assessments are meant as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. I understand that Kendra Becker, MS, RDN, LD, will keep notes to document the topics discussed, interventions used, and treatment plan as well as any other considerations that may be helpful in our work together. These notes will be kept confidential unless I give signed consent to release my medical information. Please see Sunstone Psychiatric, LLC's notice of privacy practices available on [www.sunstonepdx.com](http://www.sunstonepdx.com) or in hard copy by request. I agree to hold Sunstone Psychiatric, LLC and Kendra Becker, MS, RDN, LD, harmless for claims or damages in connection with services I receive. I have carefully read this consent form and terms contained herein. I understand the terms of this form fully and voluntarily agree to be bound by them.

By signing below, I acknowledge that I understand that Kendra Becker, MS, RDN, LD, is a health consultant, and that I should see a licensed medical provider if I think I have a medical condition. Sunstone Psychiatric, LLC and Kendra Becker, MS, RDN, LD, will not be held liable for failure to diagnose or treat an illness, nor

liable for failure to prevent future illness. Additionally, I agree to give Kendra Becker, MS, RDN, LD, a complete and accurate account of any medical conditions that I may have and any medications that I am taking.

I understand that Kendra Becker, MS, RDN, LD, has a 48-hour cancellation policy (Please see payment & cancellation policy), and I am aware that I will be charged an o-show fee if proper notice is not given. Nutrition counseling services may be terminated at the discretion of Kendra Becker, MS, RDN, LD, if written notification is provided to a client thirty (30) days in advance of the final appointment. The termination notice will include a listing of referrals for continuity of care.

I understand it is my responsibility to check with my insurance for information concerning coverage, benefits, deductibles, copays or coinsurance, and network coverage for nutritional services and that I am responsible for any remaining balance not covered by insurance.

**My signature below indicates that I have read this consent form and agree to its terms.**

For questions regarding this consent form, please contact us at 503-477-7878