Informed Consent for Dietetic Care

Kathleen Litzenberger, RD

PLEASE READ AND INITIAL INDICATED SECTIONS BEFORE SIGNING BELOW.

Consent to Treatment and Treatment Disclaimers

- I give consent to Kathleen Litzenberger, RD, to provide Nutrition Counselling to myself or the client for which I am legally responsible. All consultations aim to provide personalized guidance and educational information related to my diet, nutrition, and lifestyle.
- I understand that Dietitians are not qualified to provide medical advice, diagnoses, or treatment for medical conditions. The role of a Registered Dietitian is to provide nutritional support and nutrition education to help manage symptoms related to medical conditions in the hopes of improving overall quality of life. Nutrition counselling is not a substitute for the diagnosis, treatment, or care of disease by a medical doctor. It is advised that the client discuss changes to diet and supplement intake with their primary health care physician.
- To provide personalized and safe dietetic service, it is important that you inform your practitioner of:
 - Any disease/condition from which you currently suffer
 - If you are taking any prescribed or over-the-counter medications or supplements
 - If you are pregnant, suspect you are pregnant, planning to become pregnant or are currently breastfeeding.
- I understand that results are not guaranteed, and that dietetics is not a cure to medical conditions. In no way should a client discontinue or change the daily dose of any prescription medications without first consulting with their doctor.
- The Dietitian will answer questions to the best of his/her ability and will base suggestions on scientific evidence and relevant information provided.
- The client expressly assumes the risks of nutrition coaching sessions, including the risks of trying new foods, and the risks associated with making lifestyle changes.
- The client releases the Dietitian/Nutritionist from any and all liability damages causes of action, allegations, suits, sums of money, claims and demands, in law or equity, which the client ever had, now has or will have in the future against the Dietitian/Nutritionist, arising from the client's past or future participation in the nutrition sessions, unless arisen from the gross negligence of the Dietitian/Nutritionist.

With this knowledge, I voluntarily consent to the treatment recommended to me by my practitioner. I intend for this consent to apply to all my present and future Dietetic care. I understand that I may retract my consent at any time during sessions.

INITIALS

Privacy and Confidentiality

Any information collected by the Dietitian/Nutritionist will be kept private and will not be discussed or shared with any third party unless compelled to by law (e.g. when there is imminent danger to the client or to others) or with the consent of the client (e.g. in the even that the Dietitian must reach out to family physician). You may request information from your personal file at any time by contacting Southcentre Health & Wellness.

INITIALS

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Payments and Refunds

Client Signature (or Legal Guardian)

 Payments for initial consults and follow-up sessions are due at the time of the booked appointment. Payment for packages are due in full at the time of initial assessment.
INITIALS
No-Show/Cancellation Policy
 In the event that the client does not show up to a scheduled appointment or does not cancel within 24h of the appointment a \$50 CAD fee will be charged. Late cancellation or no-show fees are due before the next appointment is scheduled. The fee can be waved under specific circumstances (e.g. emergency). The Dietitian and/or Southcentre Health & Wellness cannot issue an insurance receipt for missed or cancelled appointments.
INITIALS
I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.
Date:

Dietitian Signature