



WRITTEN CONSENT FORM FOR NUTRITIONAL COUNSELING

I am engaging the counseling services of Ava Ghobadpour MS, RD through Balanced Bodies Nutrition so that I can obtain information and guidance about health factors within my own control (diet, nutrition, and related behaviors) in order to support my health and wellness.

I understand that Ava Ghobadpour MS, RD is a Registered Dietitian/Nutritionist and Nutrition Educator and does not dispense medical advice nor prescribe treatment.

She provides education to enhance my knowledge of health as it relates to foods, nutrition, dietary supplements and general well-being.

While nutritional support can be an important compliment to my medical care, I understand nutrition counseling is not a substitute for the diagnosis, treatment, or care of disease by a medical provider.

Nutritional evaluation or testing provided in counseling is not intended for the diagnoses of disease. Counseling is intended as a guide to developing an appropriate health program for me, and to monitor my progress in achieving my goals.

I understand that Ava Ghobadpour MS, RD will keep therapy notes as a record of our work together.

These notes document the topics that we talk about, interventions used, and treatment plan or any other considerations that may be helpful to your work with me. Records will be stored in a secure location.

Medical records, personal information and history divulged in session to Ava Ghobadpour MS, RD will be kept strictly confidential unless I consent to sharing my medical and nutritional information by way of a signed release.

I agree to hold Ava Ghobadpour MS, RD harmless for claims or damages in connection with our work together. This is a contract between myself and Ava Ghobadpour MS, RD, and I understand that it is also a release of potential liability.

I understand that the initial customized meal plan will be provided for all registered UdeMy students who have completed the course "Dietitian's Guide to the Diabetic Diet". Any counseling that may occur following the initial customized meal plan will be subject to charge.

Please print and sign below if you have read, understand and agree to the terms of this written consent form for nutritional counseling. Completed consent forms can be emailed to me at: contact@balancedbodiesnutrition.com

Client or Guardian's Signature

Date

Print Name