



Informed Consent Form & Terms for Nutritional Counseling

I am employing the counseling services of Eclipse Wellness so that I can obtain information and guidance about health factors within my own control (diet, nutrition, and related behaviors) in order to nourish and support my health and wellness.

I understand that counselors with Eclipse Wellness are Nutritionists and Nutrition Educators and to **not** dispense medical advice nor prescribe treatment. Rather, they provide 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.

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

I understand that Eclipse Wellness' counselors will keep therapy notes as a record of our work together. These notes document the topics that we talk about, interventions used, and any meal plan or other considerations that may be helpful to their work with me. Records will be stored in a secure location.

Medical records, personal information and history divulged in session to Eclipse Wellness' counselors 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 Eclipse Wellness and its counselors harmless for claims or damages in connection with our work together. This is a contract between myself and Eclipse Wellness, and I understand that it is also a release of potential liability.

I understand that Eclipse Wellness has a **24-hour cancellation policy**, and I am aware that I will be charged a cancellation fee (\$100.00) for a missed appointment if proper notice is not given (by phone or email). This same expectation of integrity is in effect for Eclipse Wellness. Should they every have to cancel within 24 hours of the appointment, your next follow-up appointment is free.

Payment is required at the time of service. Cash, check and major credit cards are accepted.

Nutrition counseling services may be terminated at the discretion of Eclipse Wellness if written notification is provided to a client 30 days in advance of final appointment. This will include a listing of referrals for continuity of care.

Client or Guardian's Signature

Date

Print Name