



## Child Guardian Consent and Release

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Child") who is two years of age or older but less than eighteen years of age, hereby give my consent and permission for Healthy Nest Nutrition, LLC ("Healthy Nest Nutrition") to provide the Child with professional nutritional evaluation, therapy, and support for the purpose of enhancing the Child's health ("Nutrition Therapy"). I understand that Nutrition Therapy is not intended as a diagnosis, treatment, prescription or cure for any disease, mental or physical, and is not intended as a substitute for regular medical care. In Nutrition Therapy there are no medical procedures performed and medications are not prescribed.

I understand that Nutrition Therapy services will be provided by Robin Hutchinson who is a Master Nutrition Therapist and has completed two years of schooling at The Nutrition Therapy Institute, an accredited Nutrition Therapy College. I understand Robin Hutchinson is not a physician licensed pursuant to Article 36 of C.R.S. Title 12, nor licensed, certified, or registered by the State of Colorado as a health care professional. Healthy Nest Nutrition recommends that the Child have a relationship with a licensed pediatric health care provider and that I should discuss any of Healthy Nest Nutrition's recommendations with such person as well as the Child's primary care physician, obstetrician, gynecologist, oncologist, cardiologist, pediatrician or other board-certified physician. I agree that Healthy Nest Nutrition may attempt to develop and maintain a collaborative relationship with the Child's licensed pediatric health care provider, if the Child has one. I release Healthy Nest Nutrition from any liability for my health issues.

I have truthfully completed the Client Intake Form for Healthy Nest Nutrition on behalf of the Child and listed all known physical and medical conditions for the Child, as well as any medications and supplements that the Child is taking and I will keep Healthy Nest Nutrition informed of any changes. I agree to pay Healthy Nest Nutrition's rates, which are outlined in the attached fee schedule. Healthy Nest Nutrition does not accept health care insurance. Healthy Nest Nutrition is covered by liability insurance applicable to any injury caused by an act or omission by its provision of alternative health care services.

This agreement and release is being signed voluntarily and not under duress of any kind.

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Signature on behalf of the Child** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **Fees and Office Policies**

### **Fee Structure**

- The nutrition visit is \$150 per hour and includes diet analysis and consultation. The meetings last one hour.
- Follow-up sessions are 1 hour (\$150) or ½ hour (\$95).
- Discounted package prices are available for hour-long & ½ hours.

### **Payment Options**

- Fees are paid directly to Healthy Nest Nutrition, LLC. Payment is due at time of services unless prior arrangements have been made.
- There will be a \$25.00 charge for all returned checks.
- Payment can be made by cash or check or credit card.
- Healthy Nest Nutrition does not accept insurance, but does provide detailed receipts of service with appropriate insurance codes. Most flex accounts accept nutrition services.

### **Missed Appointments**

- A 24-hour notice for cancellations is required.
- For cancellations made the day of the appointment there will be a \$25.00 charge.
- Late appointments will not be extended and the fee for the original appointment will be charged. • A "NO SHOW" APPOINTMENT WILL BE CHARGED FULL PRICE.

### **Packages & Supplements**

- PREPAID PACKAGES ARE NON-REFUNDABLE.
- Professional-grade Supplements
  - All supplements must be paid for at time of purchase.
  - Unopened supplements can be returned for full refund within 60 days of purchase.
  - Supplements are a separate charge and are not included in the consultation fee.

\_\_\_\_\_ **Parent/Guardian Initials**