

## NUTRITION INFORMED CONSENT

### Services to Be Provided

The Art of Health, LLC's goal is to help you achieve the highest state of health consistent with your own goals. Nutrition can serve as an excellent adjunct to a medical doctor's treatment, but are not a substitute for that treatment. Services offered as a part of this consultation may include education about nutrition, personalized whole foods and dietary recommendations, meal plans, lifestyle modifications, herbs and nutritional supplement recommendations, such as but not limited to vitamins, minerals, herbs, amino acids and fatty acids. As a part of Medical Nutrition Therapy, Chrissy Hayden will perform a comprehensive nutrition assessment determining a nutrition diagnosis; plan and implement a nutrition intervention; and monitor and evaluate your progress.



### Notice of Privacy Practices

All patient information is handled under the HIPAA Privacy Act. The privacy of your medical information, as described in the HIPAA Privacy Act, is important to The Art of Health, LLC. As a client of The Art of Health, LLC a record of your care and services will be created. This record is required to provide you with quality care and to comply with certain legal requirements. The Art of Health, LLC will not use or disclose your medical information for any purpose, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to The Art of Health, LLC at the address below. The Art of Health, LLC may use medical information about you to provide you with medical treatment or services and may disclose medical information about you to doctors, nurses, or other health care providers to assist them in treating you. The Art of Health, LLC may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

The Art of Health, LLC c/o Chrissy Hayden  
2055 N. 15th St., Ste. 201  
Arlington, VA 22201

### Client Rights and Responsibilities

It is your responsibility to fully disclose health information to The Art of Health, LLC. As service progresses, inform your practitioner of changes that occur, including medication and health changes. You have the right to respectful, courteous care and can refuse to follow any or all recommendations provided as a result of this consultation. You have the right to choose another practitioner for any reason and to request that health information be disclosed to another practitioner or health care provider.

## Fees and Charges

Payment for the consultation is due at the time services are rendered. Except in emergency situations, you will be charged for missed appointments without 24 hours notice. The fee for missed appointments is 50% of the total session cost. A credit card is required to secure the appointment.

## Supplement Safety

The historical record and modern research indicate that herbs and supplements most often used for healthcare have a good safety record. Similarly, confirmed cases of herb, nutrient and drug interactions are rare. However, adverse events can occur after using any active substance, including allergic response. Therefore it is imperative that you disclose to your practitioner: 1) all medications, supplements and herbs currently in use, 2) any liver or kidney disease (past or present), 3) any allergies, 4) if you plan to become pregnant or are currently pregnant or breastfeeding. It is important to stay within the dosage recommended. You are expected to inform your physicians of any nutritional supplement or herb use. Any suggestion that the effect of a drug is being altered by simultaneous use of an herb or nutritional supplement should be reported directly to all health professionals involved. It is also advisable to stop taking herbs and supplements 7 days before and after a surgical operation, and/or in the event of being prescribed a new medication.

## Informed Consent

I am solely responsible for the decision to see Chrissy Hayden for Nutrition Counseling at The Art of Health, LLC. I have reviewed this document, including safety of supplements, services to be provided, cancellation fees, my responsibilities as a client, and the Notice of Privacy Practices. I understand Chrissy Hayden is not a physician and therefore cannot diagnose or treat disease, or prescribe drugs. If I have not already done so, I agree to consult a medical doctor for any serious or life-threatening disease conditions, either for myself or someone under my guardianship. I have had the opportunity to ask the practitioner questions regarding the proposed services, this consent form, and other pertinent information and have received satisfactory explanations. I understand that I am free to discontinue service(s) at any time.

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Client Name

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Client Signature

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Date

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Parent or Guardian Name  
(If client is under age of 18)

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Parent or Guardian Signature

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Date