



MEGAN JANE'S  
— PLATE —

# Nutrition Counseling Agreement

Between Registered Dietitian, Megan Ostler MS, RDN and Client

## FEES AND PAYMENT

I agree to the designated fees at the time of purchase. Payment will be made by venmo or paypal at the time of service. I accept responsibility for the designated fees.

## CANCELLATIONS

Please do your best to adhere to your scheduled appointment. If you need to reschedule, please do so at least **48 hours in advance**. In the case an appointment is canceled with less than 48 hours notice, you will be charged a **\$50 cancellation fee**. I understand that Megan Ostler MS, RDN has a 48-hour cancellation policy, and I am aware that I will be charged a \$50 cancellation fee for a missed appointment if proper notice is not given.

## PRIVACY

Client information and records are confidential unless Megan Ostler MS, RDN receives your advance written permission to disclose or except as required by law. All of our conversations and information exchanged is confidential under HIPAA code. Patient Information will be stored on a secure sever owned by Megan Ostler MS, RDN. All email communication is conducted through Google GSuite services. I understand that all email, text, and phone conversations may not be secure.

## CLIENT RESPONSIBILITIES

I am employing the counseling services of Megan Ostler MS, RDN so that I can obtain information and guidance about health in order to nourish and support my health and wellness. I understand that Megan Ostler MS, RDN is a Registered Dietitian and Nutrition Educator and does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to foods and behaviors associated with eating.

I understand nutrition counseling is not a substitute for the diagnosis, treatment, or care of disease by a medical provider. Nutritional evaluation is not intended for the diagnoses of disease. But rather, serves as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals.

I agree to cooperate in completing questionnaires/food logs/other assessment material on a timely basis so productive coaching can occur. I know, as the Client, I am responsible for the actions I take.

I recognize that any activity in which problems/life situations are discussed bears some risk, which I, the Client, agree to accept in its entirety. I agree to hold harmless and indemnify Megan Jane's Plate, its officers, directors, agents, and representatives from any liability whatsoever resulting from my

participation in coaching activities, including but not limited to medical expenses.

I accept the risk of any decision, action, or outcome based on the coaching relationship. I acknowledge that expectations and results of participation in coaching activities vary among individuals and that each individual may not receive the same benefit.

I understand that Megan Ostler MS, RDN may discontinue services to me upon notification in writing for any reason, including the following: your failure to cooperate to the best of your ability in the activities and schedules planned; non-payment of fees within 5 days of the due date.

## **SIGNATURE**

Please Print Your Name: \_\_\_\_\_

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Client Signature

Date