



## DISCLOSURE AND CONSENT FORM

I, Janice Silk, NC, am a Nutrition Consultant with a certification from Hawthorn University. I am a nutritional educator not a physician, therefore, I do not diagnose or treat disease but educate individuals on optimizing their health through nutrition and help them remove obstacles in this pursuit. As a nutrition consultant I will evaluate your degree of well-being, do a nutritional analysis and educate you on how to make effective, better choices. I am certified as a Nutrition Consultant through Hawthorn University, have studied nutrition at Clayton College, and participate in Continuing Education.

My method of working with clients as a Nutrition Consultant is complementary or alternative to healing arts that are licensed by the State of Virginia. Under Chapter 27.1 Sections 54.1-2730 and 54.1-2731 of the Code of Virginia, I can offer you these services. A copy of these Codes can be obtained upon request.

I, the Client, understand that information provided in your sessions with me are not to replace medical care or treatment for any health problem or condition. I understand that a Nutritional Assessment and Evaluation are not done to define health as it relates to disease, but as it relates to wellness.

I, the Client, choose to take part in these sessions as an effort to improve my overall health and well-being. I understand if I miss any appointment that is not cancelled 24 hours in advance, a fee of half the hourly rate may be charged.

I certify that I am here solely on my own behalf. I am not representing any other person, company, association, and/or on the behalf of any governmental agency.

Email can be used to arrange or modify appointments. It can also be used as support between sessions. Please note that the content of email is not completely secure or confidential. I \_\_\_\_ **may** or \_\_\_\_ **may not** be contacted by email.

If you ever have a concern about the nature of my services or approach to support your health, please feel free to discuss them with me. I recommend that you inform your medical doctor that you are receiving Nutrition Counseling to support your health.

Janice Silk, NC, has the permission of \_\_\_\_\_ (client or guardian name) to contact client's physician about the work we are doing and to obtain client/patient records.

### **Acknowledgement and Consent to Receive Services:**

I have read and understand the above disclosure regarding nutrition support offered by Janice Silk and Janice Silk's training and education. I have discussed with Janice Silk the nature of the services to be provided. I understand that Janice Silk is not a licensed physician and that Nutrition Consultants are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Janice Silk and agree to be personally responsible for the fees in connection with the services provided to me.

Client or guardian signature \_\_\_\_\_ Date \_\_\_\_\_