

KASIA KINES

HOLISITC NUTRITION NATURALLY, LLC

Nutritional Therapy Consultation Waiver, Fee, Cancellation Policy, and Contacts

I am a Licensed Nutritionist (LDN) and a Certified Nutrition Specialist. I have completed Masters in Nutrition from Bastyr University, an accredited Naturopathic School. My primary focus is on natural, safe, noninvasive nutritional options to obtain optimal health. I do not diagnose nor treat disease but provide information and nutrition therapy to prevent or alleviate nutritional deficiencies and restore natural balance and wellness. I will not encourage you to terminate any previous therapies any doctors have begun, and will gladly cooperate with your medical doctor upon request to support your health concerns.

Any recommendations for laboratory tests, diet, and nutritional supplements made by me will be to support, not replace, medical treatment you may be receiving. I will work within the parameters of a nutritional therapy, natural health, and wellness system based on the latest research in nutrition. Guarantees cannot be made of recommendation outcomes because of each person’s unique biochemical and metabolic differences. Referrals may be made by me to other health professionals if I feel that may enhance or augment our work together. It is always your choice as to whether or not you follow through with those referrals. If you choose not to, our work together will not be impacted in any way.

In-office, phone and Skype appointments are available. The initial appointment includes review of your current medical and eating history, nutritional supplements, current labs (only within 6 months), and written recommendations. Please review all available payment options before the appointment at www.kasiakines.com under “Schedule Appt”. Payment is due at time of service.

In order to be compliant with HIPAA (Health Insurance Portability and Accountability Act of 1996), please indicate your approval of being contacted by phone message (phone number) _____ if needed ___ Yes ___ No. You have the right to access, inspect and obtain a copy of your private health information which will be done within 30 days of your request. A reasonable fee for copies may be charged for your protected health information (PHI). Upon your request, disclosure of your PHI will be provided to your designated health care professional(s). May I contact your referring physician and/or practitioner providing them with a brief update about the steps we have discussed from a nutritional perspective to help you reach your goals? ___ Yes ___ No. If yes, fill out their contact information on the following page. Finally, may I contact you via e-mail if needed? ___ Yes ___ No. Email:

There is a cancellation policy requiring a 24-hour notice. A “Missed Appointment” fee will be charged \$25.00 administration fee if there is a failure to notify me.

Date: _____ Patient Signature: _____

Provider Contacts (optional):

Please take a moment to fill out the provider contact information below.

1. Name: _____

Specialty: _____

Address: _____

Telephone: _____ Fax: _____

OK to contact: Yes /No Other: _____

2. Name: _____

Specialty: _____

Address: _____

Telephone: _____ Fax: _____

OK to contact: Yes /No Other: _____

By signing below, I give consent for Kasia Kines, Licensed Nutritionist, Owner of Holistic Nutrition Naturally, LLC, to send a letter to the above listed providers stating that: 1) I am receiving nutritional counseling 2) Kasia Kines is available as a referral resource for their practice.

Printed Name

Signature

Date