

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I _____ give consent to Michaela Handke, MScN to provide Nutritional Counseling to myself or the client for which I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle.

I understand that Michaela Handke is working toward her licensure within legal means through the state of Minnesota. She has received extensive education in nutrition, but is not a medical physician. Thus, she will not diagnose any medical conditions. However, she will provide support and nutrition education for an already diagnosed condition. While nutrition support can be an important component to my health and disease management, I understand that these services are not a substitute for medical care.

Methods of nutrition evaluation or testing that are made available to me are not intended to diagnose. Instead, these assessments are intended to be used as a guide to develop an appropriate program for me, and to monitor my progress in achieving my goals. Medical records, personal information and history divulged in a session with Michaela Handke will be kept confidential, unless I consent to sharing my medical and personal information.

I hereby release and discharge, indemnify and hold harmless Michaela Handke, MScN, her employees and persons acting on her behalf, from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I received from Michaela Handke, MScN. I have read this consent form and terms contained herein carefully. I understand the terms of this form fully and voluntarily agree to be bound by them.

Client or Legal Guardian's Signature

Date

Printed Name

Date