

(Please print your initials in the box)

CANCELLATION POLICY: Once an appointment is scheduled, that time is reserved exclusively for you. If you are unable to make the appointment, you must provide at least 24 hours advance notice so that you will not be charged the full session fee and so that the time may be made available to someone else. We will waive that fee in the case of emergencies (e.g., death in the family, contagious illness, unsafe driving conditions). Please note we will not make exceptions for situations such as lack of babysitter, forgotten appointment or a sudden business meeting.

If you cannot make your appointment and are unable to give me the required 24 hours notice, telephone sessions may be used in lieu of your in-person session time to keep the continuity of treatment and to prevent you from being charged for unused appointment hours. You will need to contact the office in advance to schedule a telephone session.

In case of inclement weather, please call my voicemail the morning of your appointment and listen for an outgoing message regarding the office opening.

_____ **I have read and understand that missed appointments or appointments not cancelled at least 24 hours in advance will be charged for the full amount of my scheduled visit.**

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CONTACTING YOUR DIETITIAN/ NUTRITIONIST: You can contact me by phone at 919-2384554 or by email at anne@annetill.com. Please note that email is not a secure form of communication, and also that I've found important issues are best discussed directly during our sessions. Please keep email correspondence as far as possible to scheduling and administrative purposes.

If I am unavailable for your immediate attention, please leave a message on my voice mail and I will make every effort to return your call within the day whenever possible, or by the next business day. For medical emergencies, visit your closest emergency room or call 911. If I will be unavailable for an extended period of time, I will notify you and refer you to another colleague, if needed.

CONFIDENTIALITY: In general, the law protects the privacy of all communications between a client and a clinician. In most situations, I can only release information about your treatment to others with written permission, but please note the exceptions listed below:

- If I have cause to suspect abuse and/or neglect of a minor child, elderly or disabled, I am required to file a report with the appropriate state agency.
- If I believe you present an imminent danger to the health and safety of yourself or another, I may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police
- In response to a court order or where otherwise required by law.
- If a client files a complaint or lawsuit against us, we may disclose relevant information regarding that client in order to defend our practice.
- To the extent necessary for emergency medical care to be rendered.
- Please be aware that if you submit receipts of your sessions to your insurance company, the information on the receipt, including a clinical diagnosis, will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, your dietitian/nutritionist has no control over what they do with it. In some cases, they may share the information with a national medical information databank.
- Other exceptions are described in the Notice of Privacy Practices which you have received a copy of.
- Finally, there are times when I find it beneficial to consult with colleagues as part of my practice for mutually professional consultation. The consultant is also legally bound to keep the information confidential.

*Please note that if you are also seeing another provider in the practice, I have the right to discuss pertinent information that you may disclose to me with that provider to coordinate the best possible care.

_____ **I have read and understand the contact instructions and the exceptions to confidentiality.**

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PROFESSIONAL RECORDS: The laws and standards of our profession require that dietitians/nutritionists keep Protected Health Information (PHI) about you in your Clinical Record. It includes information about your reasons for seeking nutritional counseling, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been

sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and your dietitian believes that access is reasonably likely to cause substantial harm to you or another person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing.

Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in the presence of your dietitian/nutritionist or have them forwarded to another health professional so you can discuss the contents. A separate consent form to release medical records must be authorized by the client before we can release these records. If your dietitian/nutritionist refuses your request for access to your records, you have a right of review, which your dietitian / nutritionist will discuss with you upon request.

See the Notice of Privacy Practices for additional information regarding the release of your PHI.

_____ **I have read and understand the above information regarding the release of my medical information and my responsibility to pay fees for services rendered**

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NO GUARANTEES. The dietitians/ nutritionists at Anne Till Consulting LLC, are committed to providing good care to their clients. It is important nonetheless to recognize, that the success of treatments provided by our dietitians/nutritionists will depend on your own efforts and that there are no guarantees or assurances that suggest that nutritional counseling and lifestyle intervention techniques will be successful. It is important to understand that to maintain healthy outcomes that recommended interventions and methods many need to be applied over a lifetime to ensure long term success.

_____ **I have read and understand the above information regarding the no guarantees. I am aware that medical nutrition therapy is not an exact science, and acknowledge that no guarantees have been made to me as to the results of nutritional counseling..**

(Please print your initials in the box)

Your signature below indicates that you have read this agreement and agree to its terms during our professional relationship.

Printed or Typed Name

Date

Signature / Signature of Parent or Guardian if patient is a under the age of 18 years.

For online forms click the box above and sign with your finger or mouse. To accept signature, click the "preview signature" button.