

Informed Consent Peds

Adina Pearson Nutrition

56 N College Ave #1
College Place, WA 99324
509-295-2923
adina@adinapearson.com

DISCLAIMERS

I am employing the nutrition & feeding coaching services of Adina Pearson, RD to obtain information and guidance about health & feeding factors within my own control (nutrition and related feeding behaviors) in order to nourish and support my health and wellness or that of a dependent. I understand that Adina Pearson, RD is a Registered Dietitian/Nutritionist and does not dispense medical advice nor prescribe medical treatment. Rather, she provides education and coaching to enhance my knowledge of health as it relates to foods, dietary supplements, and behaviors associated with eating or feeding. While nutritional support can be an important compliment to my medical care, I understand nutrition counseling is not a substitute for the diagnosis, treatment, or care of disease by a medical provider.

Nutritional evaluation provided in feeding coaching is not intended for the diagnoses of disease. Rather, these assessments are intended as a guide to developing an appropriate health-supportive program for me or my dependent, and to monitor my progress in achieving my goals for myself or a dependent.

Initials _____

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PRIVACY

I understand that Adina Pearson, RD will keep therapy notes as a record of our work together. These notes document the topics that we talk about, interventions used, and treatment plan or any other considerations that may be helpful to your work with Adina Pearson, RD. Records will be stored securely online.

Medical records, personal information and history divulged in session to Adina Pearson, RD will be kept strictly confidential unless I consent to sharing my medical and nutritional information by way of a signed release. The only other exception would be in cases where the law requires reporting.

LIABILITY

I agree to hold Adina Pearson, RD harmless for claims or damages in connection with our work together. I release Adina Pearson, RD from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which I ever had, now have, or will have in the future against the dietitian, arising from my past or future participation in, or otherwise with respect to, the nutrition sessions, unless arising from the gross negligence of the dietitian. This is a contract between myself and Adina Pearson, RD and I understand that it is also a release of potential liability.

I _____ have read and understand and agree to the Informed Consent policy of Adina Pearson Nutrition with regard to disclaimers, privacy, and liability.

Signature _____ Date _____

Parent/Guardian _____ Date _____