DIGESTIVE HEALTH
CENTER
650.856.3151

Nutrition Solution Coaching Biofeedback Therapy and Stress Management
Functional Testing and Integrative Lifestyle Counseling

INTENT AND CLIENT INFORMED CONSENT

I, Christine Rosche am a Board Certified Clinical Nutritionist and Biofeedback Therapist. As such, I **do not diagnose or treat disease.** Rather, **I provide nutritional counseling, functional testing, lifestyle counseling and biofeedback therapy.**

I, _____ understand that information provided on the relationship between nutrition, lifestyle factors and health is not meant to replace competent medical treatment for any health problem or condition. Health and Lifestyle Counseling and medical care are complementary and integrative when properly delivered.

I,_____ choose to improve my health by assuming greater self-responsibility to reduce or eliminate unhealthy behaviors that are contrary to my well-being. The Surgeon General estimates that 7 out of 10 leading causes of death in America are related to lifestyle habits: diet, smoking, lack of exercise, high stress and substance abuse. Some of these concerns will be among the focal points of our work together.

I also understand that canceled or missed appointments with less than 48 hour notification will result in a full payment charge.

We agree to work together to design and maintain a customized nutrition, supplement and lifestyle change program based upon accurate functional testing/lab information, practical skills, feedback and support.

Signed_____ Date_____
Client

_____
Print name

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General Informed Consent

Our office and employees make no representations, claims, or guarantees regarding the nutrition and lifestyle change recommendations. Our recommendations are based upon a combination of our experience, education and knowledge of scientific and recognized health and medical literature. Along with recommended medical and functional tests we put together a personalized nutrition, supplement and lifestyle plan to meet your health goals.

By signing this informed consent you agree to hold harmless the Digestive Health Center, Christine Rosche, MPH,CNS,CBT of Palo Alto, California and its employees from all professional and personal liability.

Our office makes available workbooks and nutritional supplements and other health products. Products may be returned unopened and in resalable condition within one week of purchase for credit against future purchases, less a 15% restocking fee. There are no refunds for programs or services. I am to be paid for my time and consultations regardless of the outcome of your sessions. Functional Testing is offered at patient pre-payment, wholesale pricing, and is not reimbursable by insurance companies. In the unlikely event that an issue arises that we are not able to resolve ourselves, then we agree to have Jams (www.jamsadr.com) mediate any difficulties. If a mediated agreement is not achieved, then at the end of the mediation session, the Mediator becomes the Arbitrator who makes a decision that is legally binding on both parties and a complete settlement of the issues. Both parties agree to hold any and all issues and commentary related to each other and the work we are doing in complete confidentiality at all times.

Most insurance plans cover services that they consider medically necessary and/or reasonable and customary. Many of our services are often not considered by insurance companies to be necessary based upon their own internal criteria. Our office does not and cannot accept insurance assignment. By signing this form you accept full financial responsibility for all non-covered services – including consultations, stool, blood and other functional laboratory tests.

I understand this consent agreement and have executed it freely and willingly.

Signed _____ _____

Name Date