Informed Consent, Terms and Conditions, and Confidentiality Statement for Dietetic Services by Ekaterina Vasileva

1. Terms and Conditions for Dietetic Services

Scheduling and Appointments:

- Appointments must be scheduled in advance.

- Cancellations or rescheduling must be communicated at least 48 hours before the scheduled time. Late cancellations may incur a fee.

Fees and Payments:

- Services are billed as per the agreed fee structure. Full payment is due no later than 24 hours prior to the time of the service unless otherwise agreed. Failure to complete payment within this time frame will result in the cancellation of the appointment

- Refunds are not provided for completed services.

Client Responsibilities:

- You are responsible for providing accurate and complete health information to ensure the safety and appropriateness of recommendations.

- You agree to communicate any concerns, questions, or adverse effects promptly.

Dietitian Responsibilities:

- The dietitian will provide professional, evidence-based advice and maintain ethical standards throughout the service.

Termination of Services:

Either party may terminate the professional relationship at any time. Refunds for prepaid services will be handled on a case-by-case basis.

Liability Disclaimer:

The dietitian is not liable for adverse effects resulting from failure to follow recommendations, miscommunication of health status, or factors beyond the dietitian's control.

2. Informed Consent for Dietetic Services

Purpose of Services:

By signing this informed consent, you agree to receive dietetic services, which may include nutritional assessments and dietary guidance tailored to your specific health goals and needs.

Scope of Practice:

Dietitians assess and diagnose nutritional problems using evidence-based methods. However, they do not diagnose or treat medical conditions. If any medical issues are suspected, you will be referred to a qualified healthcare professional.

Nature of Recommendations:

Dietary recommendations are based on current scientific knowledge and the information you provided. The effectiveness of these recommendations depends on your compliance and other external factors.

Voluntary Participation:

You have the right to decline any advice or discontinue services at any time. Your participation is entirely voluntary.

Acknowledgement of Risks:

You understand that:

- There may be potential risks or side effects (e.g., temporary discomfort like bloating) associated with dietary changes.

- Results are not guaranteed and may vary based on individual circumstances.

Consent to Participate:

By signing this document, you agree to participate in dietetic services and acknowledge your understanding of the above statements.

3. Confidentiality Statement

Protection of Personal Information:

All personal, medical, and dietary information shared during consultations will be treated as strictly confidential and will not be disclosed without your consent, except as required by law.

Data Storage:

Your information will be securely stored and used solely for the purpose of providing dietetic services.

Third-Party Sharing:

Your information will only be shared with third parties (e.g., healthcare providers) with your explicit written consent.

Exceptions to Confidentiality:

Confidentiality may be breached if:

- There is a legal obligation to report (e.g., suspected abuse).

- You pose a threat to yourself or others.

Client Rights:

- You have the right to access and correct your personal information.

- You may request the deletion of your records at any time, subject to legal and regulatory requirements.

Acknowledgment and Agreement

By signing below, you acknowledge that you have read, understood, and agreed to the terms outlined in this document, including the informed consent, terms and conditions, and confidentiality statement.

Client Name (Printed) _____

Signature:_____

Date:_____