I ______________________ give consent to Jessica Flanigan to provide Nutrition 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 Jessica Flanigan is not a medical physician- and does not dispense medical advice, nor will she diagnose or treat any medical condition, but will provide nutritional support and nutrition education for an already diagnosed condition. She provides education to enhance my knowledge of health through the use of whole foods, dietary supplements, and emotional awareness. While nutritional and botanical support can be an important compliment to my medical care, I understand these services are not a substitute for medical care.

Methods of nutritional evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals.

Medical records and personal information and history divulged in session to Jessica Flanigan will be kept confidential, unless I consent to sharing my medical information.

I agree to hold Jessica Flanigan harmless for claims or damages in connection with our work together. This is a contract between myself and Jessica Flanigan and I understand that it is also a release of potential liability.

________________________________________
Client or Guardian’s Signature

____________
Date

________________________________________
Print Name (s)

Jessica Flanigan, Nutritionist