



Love You Best

Hello and Namaste! This is an agreement between **Love You Best** and the client; there is important information about the conditions and expectations between us. Please read this in its entirety, date and sign in the appropriate areas to show full understanding of the mutual agreement.

As a Holistic Nutrition Specialist, I cannot and will not diagnose, treat, cure or offer *ANY* medical advice. My responsibility to you is to provide you with nutritional information and education along with support during our time together for you to achieve the nutritional goals mutually agreed upon between us. If you are under the care of a doctor, you should inform them of our sessions. You may need to fill out paperwork giving **Love You Best** permission to collaborate in your best interest, especially if you are taking any current medications. Our main objective is to bring you to optimal health.

Optimal health will require effort on your part, so as the client, there will be certain expectations of you as well. This is a commitment on your part which will hopefully encourage you to change your current lifestyle and attitudes toward said lifestyle to obtain your goals. Results vary from person to person, so we may have to make adaptations to fit you personally as to give you the best chance in meeting your goals. This is actually a good thing as we are all unique and this is not a one size fits all program.

Love You Best will not give out your personal information without your written consent, unless it is court ordered to do so or if I feel there is attempts of suicide or abuse; with or without the intention to hurt yourself or others. Our number one purpose is to keep you safe, so if there are any signs of self harm or harm to others, I will refer you to a qualified practitioner who can assist you in ways I cannot, of course this will be discussed beforehand. These are the unwavering conditions of **Love You Best**; otherwise, we take pride in keeping your private information private.

Initial consultations are 60 minutes long and follow up sessions will be 30 minutes in duration. During the initial visit we will go over intake forms and together we will devise a plan that works specifically for you. This plan may include recipes, tips on food purchasing and preparation and a detailed plan to achieve your goals.

Love You Best does not accept or bill to insurance for any services and/or products and payment will be collected at check out after the session.

A credit card of your choice will be required from you in order to hold your appointment, this is also the card we will use to collect your payment at the end of the session (unless you offer alternative payment) or if you do not cancel or reschedule within the agreed upon 24 hour notice. This card will not be used for any other reason without your expressed written consent.

At **Love You Best**, we respect your time and how precious it is, so please be sure to show the same respect to us and other clients by showing up 15 minutes prior to the start of your session; giving you time to fill out intake forms or any other required paperwork and prepare for your session. If you will be late to an appointment, please **call the office** as soon as possible. We will attempt to fit in your session in its entirety if time permits; otherwise we will give you whatever time remains, but regardless you will be responsible to pay for the full session.

If you are unable to keep a scheduled appointment you should **call the office** to cancel or reschedule your appointment as soon as you are aware of the conflict in time. If you do not call to cancel or reschedule within 24 hours of your appointed time, you will forfeit that session and you will be responsible for the session fee. If you have an unforeseen illness we can make reasonable arrangements to reschedule you within the next 2 weeks of your appointment time, but you *must* **call the office** in advanced to be given that courteously.

My responsibility to you is to show up on time, show up by being attentive to you during our session and to show up in guiding you to resources and solutions that best fit your needs.

Love You Best will not refund money for any services and/or products; unless there is damage to the product. If there is a discrepancy in services we may work out another agreement on the services in order to assure we meet your needs. If you choose to buy a package, payment must be made in full in order to receive the discounted rate.

The agreed upon fee (*dependent on service provided*) for the initial visit of 60 minutes and follow up visits of 30 minutes will be paid after the session is complete. We are happy to accept payments of cash or check along with Visa™, MasterCard™, American Express™ and Discover™. If there are non insufficient funds (NCF), there will be a \$50.00 service fee. If you choose to pay with cash, there will be a 10% discount to your session or package. In the initial assessment, we will determine the duration of time it will take to accomplish your goals.

All forms and documentation must be complete with signatures before the initial visit begins and packages must be paid in full in advance to receive the discounted rates.

Your consent is necessary before our time together commences, so please read this carefully and sign where required to show full understanding of this contract.

*I understand that **Love You Best** is a Holistic Nutrition business and that they will not diagnose, treat or cure any medical or mental issues, that the Coach is not a doctor and will not dispense any medical advice, but can discuss areas related to nutritional guides for nutritional well being.*

I understand that it is my responsibility to collaborate with the specialist in order for my goals to be met; this may include journaling, meditating and other offerings of self regulation.

I understand that I must cancel or reschedule within 24 hours of my scheduled appointment or I forfeit my time slot and will be responsible to pay for the session in full.

*I understand that it may be necessary for **Love you Best** to contact other doctors on my behalf or the behalf of my children in order to give the best service possible.*

*I understand that it may be necessary to refer me to other specialists in order to give me the best service possible while allowing **Love You Best** to stay within their scope of practice.*

I have read and fully understand the terms of consent and I am in agreement with these policies

Name: **(Please Print)**

Date: _____

Signature: _____