



Nutritional/Lifestyle Coaching Agreement

Nature of the Relationship

1. I fully understand that Tricia Cardone, CN™, CHHC, is not a medical Doctor or practitioner and I am not here for medical diagnostic or treatment procedures.
2. The services performed by Tricia Cardone, CN™, CHHC are at all times restricted to consultation on the subject of nutritional matters intended for the maintenance of the best possible state of nutritional health and do not involve diagnosing, prognosticating or treatment of disease.
3. That I (The Client) am here, on this and any subsequent visit, solely on my own behalf.
4. I fully understand that if there are any supplement recommendations it is my (The Client's) responsibility to check with my (The Client's) MD/ Pharmacist to make sure there are no contradictions with any prescription drugs that I (The Client) am taking.
5. Any recommendations of lab tests, diet or nutritional supplements made by Tricia Cardone, CN™, CHHC will be to support and not replace, any medical treatment that you may be receiving. Tricia Cardone, CN™, CHHC works within nutritional/health coaching parameters to help you create optimal wellness based on the latest research in the field.
6. I fully understand that any nutritional/lifestyle coaching is in no way to be construed as psychotherapy, psychological counseling, or any type of therapy. In the event the Client feels the need for professional counseling or therapy, it is the responsibility of the Client to seek a licensed professional.
7. I fully understand that Tricia Cardone, CN™, CHHC is a supportive coach and I (The Client) must do my part in changing my diet, limit my stress, exercise daily, etc., to see results. I understand that changing my diet and lifestyle takes time and results don't occur overnight.

Call Procedure

1. As questions arise, the Client may call or e-mail any questions. A response is generally given within 72 hours. All calls are limited to 5-10 minutes. If more time is needed we would be happy to set up a short phone consultation at the current rate.

Correspondence

1. Email: By signing below, you acknowledge that it is okay to correspond/contact you via email. For example, appointment confirmations, answers to your questions, and any other pertinent info/health related information.
2. Calls: By signing below, you acknowledge that it is okay to leave you phone messages. For example, appointment confirmations, answers to your questions, and any other pertinent info/health related information.

Payment Procedure

1. For all consultations, payment is due, if in person at each visit and if by telephone or Skype prior to your consultation. We accept cash, checks and most credit cards. We do not take any insurance nor do we have access to CPT codes/DX codes.

Nutritional Testing (When Performed)

1. You acknowledge and give permission to (NHT/Tricia Cardone, CN™, CHHC) that any and all nutritional testing results can be sent/given to you via email, regular mail, in person, via phone, by fax, etc.
2. Upon ordering any nutritional tests/test kits, you give NHT/Tricia Cardone, CN™, CHHC permission to send test kits to you direct or as a drop ship to you from the corresponding lab itself.
3. To better assist you in understanding your nutritional test results, you give full permission to Tricia Cardone, CN™, CHHC (NHT) to discuss your nutritional test results with the corresponding labs.
4. You acknowledge that nutritional testing (results and suggestions from those results) is a piece to your health puzzle and is not intended to diagnose, treat, cure or prevent any disease.

You understand and acknowledge that we DO NOT take any insurance for any nutritional testing and that we (NHT/Tricia Cardone, CN™, CHHC) are a direct to consumer service provider.

*We very much look forward to working with and
guiding you on your journey to optimal health!*

Disclaimer:

By signing below, you acknowledge that any dietary or supplemental suggestions made by Tricia Cardone, CN, are entirely nutritional in nature, and are not intended as the diagnosis, cure or treatment for any disease or ailment. You also acknowledge that your physician is your primary health care provider, and is responsible for supervising all changes in diet, exercise and nutrient intake that you make. Any suggestions given are not intended to replace advice from your health care practitioner. You should always consult with a qualified health care practitioner before starting any exercise, diet, health coaching or supplementation program, especially if you are pregnant, nursing, under 18 years of age, have existing health concerns or are taking prescription medications. Never disregard medical advice or delay seeking it because of any information given by us.

I understand and agree to the above disclaimer.

Please initial: _____

Date: _____ Signature: _____

Name (printed): _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____