



Jodi Cohen
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INFORMED CONSENT AND DISCLAIMER

Before you choose to use any of my services, please read the following fully and carefully.

GOAL: My goal is to encourage clients to become knowledgeable about and responsible for their own physical body and general health, and to bring them to a personal optimum level. As a Nutritional Therapist, I am trained to evaluate your nutritional needs and to make recommendations of dietary changes and nutritional supplements. **However, my services are NOT designed to diagnose and/or treat any specific disease or medical condition, and no comment or recommendation should be construed as being a medical diagnosis.**

Reaching the goal of optimum physical and general health, absent other non-nutritional complicating factors, requires a sincere commitment from you, possible lifestyle changes and a positive attitude. However, since every person is unique, I cannot guarantee any specific result from any of the services I perform.

HEALTH CONCERNS. If you suffer from a medical or pathological condition, you need to consult with your family physician and/or appropriate healthcare provider. As a Nutritional Therapist, I am not a substitute for your family physician or other appropriate health care provider. I am not trained or licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases.

If you are under the care of another health care provider, it is important that you contact your other healthcare providers and alert them to your use of any nutritional supplements. Nutritional Therapy may be a beneficial adjunct to more traditional care, and it may also alter your need or dosage for medication; therefore, it is important that you always keep your physician informed of changes in your nutritional program.

COMMUNICATION: If you have any physical or emotional reaction to any recommended nutritional supplement, discontinue its use immediately and contact me to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the therapeutic supplement. Each person is unique and it is not possible to precisely determine in advance how your system will react to the supplements recommended. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products geared to correct the imbalance. You must stay in contact with me so I can let you know what is happening and the best course of action. If you are using medications, please list them below where noted. Please also discuss with your pharmacist any possible interactions between your medications and the recommended nutritional products.

LICENSURE: A Nutritional Therapist is not licensed or certified by the State of Washington. However, I am a Nutritional Therapist and am undergoing training by the Nutritional Therapy Association which provides a certificate of completion of the course of study, as well as a written and practical exam.

By my signature below, I confirm that I have read and fully understand and accept the above Disclaimer regarding the Nutritional Therapy work. I further confirm that I am in complete agreement with the above Disclaimer and do freely and without duress sign and consent to all terms contained therein.

DATED this ____ day of _____, 20____

(Signature) _____

(Printed Name) _____

(Address) _____

(Phone) Home: _____
Work _____

E Mail address _____

Notice:

Generally, this office does not provide insurance billing and it is the responsibility of the client to send any claim directly to the insurance company. Relevant documentation will be provided to the client on request.

If you cannot keep an appointment, please advise 24 hours in advance, otherwise full charges will apply except in case of emergency. _____(initials)