

My Keto Weigh,
Danine Mele-Hayes, RDN

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I am employing the counseling services of Danine Hayes, RDN so that I can obtain information and guidance about health factors within my own control (diet, nutrition, and related behaviors) in order to nourish and support my health and wellness.

The ketogenic diet is a high fat, low carbohydrate, low protein diet. It has been used to treat children primarily with uncontrolled seizure disorders for almost a century. There are many studies over the past years on ketogenic diet efficacy and tolerance in children. Although there are limited studies on the long-term prognosis with adults, modified ketogenic diets have been a therapy option for adults with epilepsy and other neurological conditions since 2002. More recently, the ketogenic diet has been found helpful for weight loss and other medical conditions. There are some known side effects from the ketogenic diet: possible kidney stones, low blood sugar, pancreatitis, high cholesterol and triglyceride levels, metabolic acidosis, constipation, dehydration, gastritis, and esophagitis.

I understand that Danine Hayes, RDN is a Registered Dietitian does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to foods, dietary supplements, and behaviors associated with eating. While nutritional and botanical support can be an important compliment to my medical care, I understand nutrition counseling is not a substitute for the diagnosis, treatment, or care of disease by a medical provider. I understand that close supervision with my medical provider and Danine Hayes RDN, is mandatory and I will follow their instructions closely.

Nutritional evaluation or testing provided in counseling is not intended for the diagnoses of 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.

I understand that Danine Hayes, RDN will keep therapy notes as a record of our work together. These notes document the topics that we talk about, interventions used, and treatment plan or any other considerations that may be helpful to your work with me. Records will be stored in a secure location.

Medical records, personal information and history divulged in session to Danine Hayes, RDN will be kept strictly confidential unless I consent to sharing my medical and nutritional information by way of a signed release. I acknowledge that I have read and understand the HIPAA privacy agreement found at myketoweigh.weebly.com, reference page or as provided by Danine Hayes, RDN in hard copy form.

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

I understand that Danine Hayes, RDN has a 24-hour cancellation policy, and I am aware that I will be charged a follow up fee (\$40.00) for a missed appointment if proper notice is not given (by phone or email).

Payment is required at the time of service. Cash, PayPal, Chase Quickpay and Venmo are accepted. Nutrition counseling services may be terminated at the discretion of Danine Hayes, RDN if written notification is provided.

Client or Guardian's Signature

Date

Print Name