

## **Nutrition Consulting & Confidentiality Agreement**

### **1. Services:**

The nutrition consulting program(s) structured by Crystal Chester RD, LDN and you the client \_\_\_\_\_ are designed to help the client new skills, strategies and tools in order to make significant lifestyle changes and sustainable behavioral changes.

I, Crystal Chester RD, LDN, will help empower you by assessing your history and current ailments, listening and providing feedback and asking inquiry-based questions to gain clarity of your unique circumstances. I will support you by maintaining an accountability framework, by recognizing your innate ability to help empower you to be actively engaged in developing plans and strategies to move toward your goals for health and wellness.

As the client, you will set the agenda for our consulting and training conversations/meetings. Nutrition consulting does not offer any guarantee for success. As part of taking responsibility for your own well-being you will be evaluating your own progress and I will offer my feedback. The schedule of consulting sessions and duration will be arranged to meet and honor your needs within the program timeframe.

### **2. Fees and Payment Procedures**

My fees are based on the package you request.

All fees are to be paid on an agreed schedule (see below). The 1<sup>st</sup> payment is due at the time of scheduling the initial consult.

Cash, Check (local only) & PayPal options are available. This arrangement continues as long as you retain me as your dietitian.

### **3. Preparation:**

I will contact you at our arranged meeting time via email or phone or video; please be timely. Direct meetings are an option, if you are local and when it is feasible. **Please be prepared with updates, progress and current challenges.** Let me know **what you are interested in working on and be ready to work collaboratively.** The agenda is client generated and dietitian supported.

### **4. Cancellations:**

Cancelled or missed sessions occasionally occur in any on-going consulting relationship. If you need to cancel or change the time of a consulting session, I will need **24 hours** in order to not charge you the \$45 cancellation/no-show fee. With advance notice of more than 24 hours you will not be charged and I will make every effort to reschedule a time that works for both of our

schedules. If I have to cancel due to travel, illness or emergency I do my best to extend the same courtesy of giving you 24 hour notice. If I am unable to give adequate notice I will provide 1 additional consulting session (1 hour) free of charge. Please let me know at least 1 week in advance of any vacations/travel that will interfere with our consulting.

## **5. Confidentiality:**

Your business and our relationship are important and is a vital component of our personal and health consulting relationship. Although not required, it is likely that you will be sharing personal information, at your discretion, openly and honestly in your initial well-being questionnaire and during our consulting sessions. I take your personal information seriously and assure you of my complete discretion and treatment of this information as completely confidential as permissible by law. I will only release information about our work together with your written and/or expressed permission. To the maximum extent allowable by law, I will not release any identifying information about you or our work together without your express permission. Mentors with whom I periodically seek consultations with may be provided with anonymous, non-referenced information (for the purpose of allowing me to develop more effective consulting strategies and support). All such communication is also subject to these confidentiality parameters.

## **6. Non-disclosure and Intellectual Property:**

I will not voluntarily communicate your future plans, business strategy, customer information, health and medical information or financial information to any other third party without your expressed and written permission. All consulting materials are copyrighted. To protect my intellectual property, you agree not to disperse or reuse the consulting materials I have created without my permission.

## **7. Definition and Limits of Consulting:**

My nutrition and health programs are for individuals who want to take action and make behavioral changes in the services of their well-being and health. Should some of these needs go beyond the scope of what consulting provides or my expertise, I will help you locate resources for addressing these needs. **It is necessary for the client to drive the consulting process** for it to be a success. You have hired a registered dietitian to help you formulate a plan to do things differently. You understand and agree that you are fully responsible for your well being during the program, including your choices and decisions. My services are not intended to replace medical advice. I want you to be satisfied with our relationship. If I ever say or do something that is confusing or upsetting, please let me know. I assure you that your satisfaction is of paramount importance. You recognize that consulting is not primary healthcare, nor is it psychotherapy and that while professional referrals may be given, mental or physical primary care is your responsibility. Functional & clinical nutrition consulting does not treat mental disorders as defined in the American Psychiatric Association; it is not a substitute for counseling, psychotherapy, psychoanalysis, and mental health care or substance abuse treatment. You agree not to use consulting in place of any therapy. If you are currently in therapy or otherwise under the care of a mental health professional, you agree to consult with this person regarding the advisability of working with a registered dietitian and to make this person aware of the consulting relationship.

Functional & clinical nutrition consulting is a relationship with a Registered Dietitian (RD) that is designed to facilitate the creation, development and attainment of nutrition and health goals. This can and will involve all areas of your life, including work, finances, relationships, education and recreation. Nonetheless, consulting provided by Crystal Chester RD, LDN is not to be used in lieu of professional advice, for example, legal, medical, financial or business advice. Decisions in such areas are exclusively yours and your responsibility. Going forth you acknowledge that you have read the Principles of Crystal Chester RD, LDN Consulting and agree to engage in the spirit of these principles.

## 8. Refunds

No refunds after the 1<sup>st</sup> consultation. If termination of consulting requested is before the selected package date ends, there is a \$50 early termination fee, that is required no later than 1 week after termination notification. After final payment is made, no refunds will be granted.

## 9. Unexpected Circumstances

If an unexpected occurrence takes place out of the control of Crystal Chester RD, LDN and/or the client, and suspension of consulting is needed, either party can put the consulting on hold for up to 3 months. Note: this policy can be changed at any time. It is up to the discretion of the dietitian, Crystal Chester RD, LDN to approve or deny an extension/hold on consulting. All consulting will resume at the time set by both parties.

***Note: If you are not local to Spring Hill, TN, before continuing below, please contact Crystal Chester RD, LDN at [Crystal@TrueHealthRD.com](mailto:Crystal@TrueHealthRD.com) for setting up your package and payment schedule. Continue to provide your signature if agreeing to these terms & conditions.***

## 10. Contract Services:

Package: (please circle one)

Basic Package

Premium Package

Platinum Package

### Payment plan details:

Next payment amount: \_\_\_\_\_ Date due: \_\_\_\_\_

Payment will be made by:                      Cash                      Check                      Paypal

### I have read and agree to the above:

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signed,

\_\_\_\_\_ Date: \_\_\_\_\_

Crystal Chester, RD LDN  
Functional & Clinical Nutrition