

# Informed Consent Form

I, **Susan Hughes**, am a practitioner of nutrition. I am not a licensed physician, nor are nutrition consultation services licensed by the State. The concept of nutrition is that the nutrients found in foods and, when necessary, supplements, can be supportive of health, enhancing quality of life and well-being. I do not “practice medicine”. I do not diagnosis and/or treat disease, prescribe, cure, heal or otherwise perform a duty that is reserved for those who are licensed to do so.

As a practitioner of **nutrition**, I will provide you with the following kinds of services:

- Diet and nutrition evaluation
- Individualized dietary guidance appropriate to your lifestyle and environment
- Education and research on your health concerns
- Health support complementary to that provided by licensed professionals

My training and education includes:

- Master of Science degree in Education with an emphasis in Counseling from Old Dominion University, Norfolk, Virginia.
- Holistic Health Practitioner training and diploma from the Global College of Natural Medicine, San Jose, California.
- Board Certification as a Holistic Health Practitioner through the American Association of Drugless Practitioners
- Board Certification as a Nutritional Consultant through the American Association of Nutritional Consultants.

In order to use my services, please sign this form as acknowledgment of your receipt of the information provided. You will receive a copy. I will keep the original in my records for at least three years.

If you ever have any concerns about the nature of my services or our work together, please contact me right away. I recommend that you inform your medical doctor that you are receiving nutrition services.

**Acknowledgement and Consent to Receive Services:**

- I have read and understand the above disclosure about the nutrition consultation services offered by **Susan Hughes**' training and education.
- I have discussed with **Susan Hughes** the nature of the services to be provided.
- **I understand that Susan Hughes is not a licensed physician and that nutrition consultation services are not licensed by the State of Pennsylvania.**
- I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health care provider.
- I have consented to use the services offered by **Susan Hughes**, and agree to be personally responsible for the fees in connection with the services provided to me.
- I am here as an individual on my own behalf.

Client Name (print) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City*

*State*

*Zip Code*

Telephone: \_\_\_\_\_

Parent Name (print) \_\_\_\_\_  
(if representing a minor)

Signature \_\_\_\_\_

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