



## LIMIT OF SERVICES DISCLOSURE

To: (Client Name)

Welcome to my practice. As you know, I am a nutrition consultant. I am not a licensed physician, nor are nutrition consultation services licensed by the State of California. The idea behind nutrition consulting is that:

When properly grown and prepared, foods and the nutrients found in foods, can be supportive of health, enhancing quality of life and well-being.

As a nutrition consultant, 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:

- } Bauman College, Holistic Nutrition and Culinary Arts, graduated 2001
- } University of Bridgeport, MS in Human Nutrition, graduated 2010
- } Continuing education in nutrition (provided upon request)

I am a member of the National Association of Nutrition Professionals ([www.nanp.org](http://www.nanp.org)). This organization sets standards, ethics and scope of practice guidelines for nutritionist professionals.

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three (3) years.

My services in nutrition consultation are alternative or complementary to healing arts that are licensed by the State of California. Under Section(s) 2050-2079 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on the back of this page.

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 consulting services.

### **Acknowledgement and Consent to Receive Services:**

I have read and understand the above disclosure about the nutrition consultation services offered by Beth Gillespie's training and education. I have discussed with Beth Gillespie the nature of the services to be provided. I understand that Beth Gillespie is not a licensed physician and that nutrition consultation services are not licensed by the State. 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 Beth Gillespie, and agree to be personally responsible for the fees in connection with the services provided to me. I will provide 24-hour notice if an appointment must be missed or pay for half the missed session. I am here as an individual on my own behalf.

Signed: \_\_\_\_\_  
(client/ parent /conservator/ guardian)

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