



Client Agreement and Release

I, _____, understand that Nutrition Therapy is not intended as a diagnosis, treatment, prescription or cure for any disease, mental or physical, and is not intended as a substitute for regular medical care. In Nutrition Therapy there are no medical procedures performed and medications are not prescribed.

I understand that Kathy Westover is a Master Nutrition Therapist and has completed two years of school at The Nutrition Therapy Institute, an accredited Nutrition Therapy College. I agree to pay Ms. Westover's rates that are outlined on the fee schedule attached to this agreement.

I understand that Kathy Westover can provide nutritional evaluation, balanced diet planning, supplement suggestions, and lifestyle recommendations for the purpose of enhancing health. She can help with understanding the nutritional ramifications of a medical diagnosis and understanding how diet, supplements, and lifestyle may assist the path to recovery. Ms. Westover can help with understanding how diet and lifestyle choices can minimize risk of preventable degenerative disorders.

I understand that Kathy Westover can assess nutritional health and body-system balance with the use of techniques such as *Functional Blood Chemistry Analysis*, *Saliva Adrenal Stress Index*, and *Stool Analysis*. I understand that these techniques are used in the counseling of nutritional health and are strictly non-diagnostic in nature; and are accepted solely and exclusively for instructional purposes only.

This agreement is being signed voluntarily and not under duress of any kind.

Name: _____

Address: _____

City, State,
Zip: _____

Daytime phone: _____

Email: _____

Signature: _____ Date: _____

Office Policies

Fee Structure

- All nutritional services are billed at \$125 per hour session
- Initial nutritional review, diet plan, and consultation is generally 1.5 hours
- Follow-up sessions are generally 45 minutes to 1 hour
- Discounted package prices available (**packages include unlimited email communication...phone calls over 10 minutes will be charged \$1.00 per minute**)

Payment Options

- **Insurance** - Fees are paid directly to TYH at time of service. Insurance forms will be sent to you after your appointments to be submitted for reimbursement.
- Payment due at time of services unless prior arrangements have been made.
- Returned checks – There will be a \$20.00 charge for all returned checks.
- Credit cards accepted – Visa, MasterCard, and Discover

Missed Appointments

- A 24 hour notice for cancellations is appreciated.
- For cancellations made the day of the appointment there will be a \$25.00 charge.
- Late appointments will not be extended and the fee for the original appointment will be charged.
- A “NO SHOW” APPOINTMENT WILL BE CHARGED FULL PRICE.

Discontinuation of Care

- In the event that care is discontinued for any reason, any outstanding balance is immediately due and payable.
- PREPAID PACKAGES ARE NON-REFUNDABLE.

Professional-grade Supplements

- All supplements must be paid for at time of purchase.
- Unopened supplements can be returned for full refund within 60 days of purchase.
- Supplements are not included in the consultation fee.

Client's Initials _____

Insurance Information

To Your Health does not bill insurance directly. After your appointment, we will fill out the appropriate forms for reimbursement and send them to you. You will need to send the forms into your insurance company to be reimbursed for services. **To use this service you need a doctor's referral for my services.**

Please provide the following information so that we can begin the process of setting up your forms.

Your name: _____ Date of Birth: _____

Insurance Company: _____

Company Address: _____

Company Phone # _____

ID or Member #: _____ Group # (if available) _____

Plan Type (if available): _____

Name of insured (if different from above): _____

Insured Date of Birth (if different from above): _____

Your relationship to insured: _____