



CONSENT INFORMATION

We would like your consent. We want you to understand the services we hope to provide to you, the cost involved and what we do with personal information we obtain from you. If you have and questions on any of the following information, please do not hesitate to ask.

I, _____, (client) understand that all recommendations and consultations provided by, Natalie Petyashina, R.H.N. (Registered Holistic Nutritionist), are intended to enhance wellbeing, reduce stress, improve nutrition, aid in easing various ailments by balancing food.

The general benefits of nutritional and lifestyle consultations and the suggested treatment procedure have been explained to me. I understand that holistic nutrition approach to well-being is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the holistic nutritionist does not diagnose illness or disease, does not prescribe medications, and does not provide cures for any conditions.

I have informed the holistic nutritionist of all my known physical conditions, medical conditions and medications, and I will keep the holistic nutritionist updated on any changes.

Consent for Treatment and the Cost of our Services

I have read and understood all of the associated forms, answered them truthfully and to the best of my knowledge, and fully consent to treatment at Vibrant Lifestyle. I understand that there is a 24-hour cancellation policy and if I fail to notify the clinic then I may be charged for my session.

I understand the costs of the services that I am being provided at Vibrant Lifestyle and that these costs may change at any time without prior notice.

Consent for Personal Information

I understand that in order to provide me with the services I am seeking, Vibrant Lifestyle will collect some personal information about me (e.g. telephone number, address, emergency contact information).

I understand the steps taken to protect the information and my right to review my personal information. I understand how the privacy policy applies to me. I have been given the chance to ask any questions I have about the privacy policy and they have been answered to my satisfaction. I understand that there are some rare exceptions to these commitments.

I hereby agree to Vibrant Lifestyle collecting, using and disclosing personal information about me only with my expressed written authorization.

Client signature

Date