Diana Dugan Richards RDN LDN
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(617) 678-0607

namaste nutrition

Nutrition Counseling Client Agreement

Welcome to Namaste Nutrition! I offer a fusion of medical nutrition therapy, nutrition counseling, and psychology as a nutrition therapist to holistically address your needs. I believe in being transparent and authentic in our work as we build toward a greater sense of trust that leads to a successful relationship. The deepest transformation happens when we meet regularly, usually every two weeks, for a length of time to be determined by your needs. My intention is to create a safe space for your personal development and support the shifts you desire.

Cancellations / Missed Appointments: As I value our time together, I plan, and ask you as well, to be on time and ready for our appointments as arriving on time means we get the most out of the session. As unplanned issues arise that may lead you to reschedule, ***24 hours advanced notice is needed****; if less than 24 hours,* ***a late fee of $100*** *will be assessed for that scheduled time*. If availability is open in the same week for you to make up the missed appointment, there will be no fee assessed.

Payment Options: Currently, I offer out-of-network reimbursement except for Allways and Harvard Pilgrim health insurance plans. My self-pay rate is $175 per 55-minute session. Namaste Nutrition prefers Zelle or Venmo, and offers Ivy Pay and Square encrypted payment platforms for your credit card payments.

Telehealth release: By signing this agreement, I state I am electing to receive remote services, through the aid of web conferencing, and understand that there may be a risk of loss of confidentiality in online communication. However, the Zoom web conferencing platform being used for my care is certified HIPAA compliant and uses advanced data encryption technology to minimize the chance of loss of confidentiality. I understand it remains my responsibility to ensure privacy on my end and that web conferencing consults can only be held when I am in a stable location, i.e., not driving a car.

By signing this form, you acknowledge you have read the Notice of Privacy Practices for Diana Dugan Richards RDN LDN and give Diana Dugan Richards RDN LDN permission to speak with and disclose your protected health information with the treatment providers listed in this Client Registration form.

Credit Card on File: ______________________________ (card number)

Exp date: __________ CVC security code on back __________ Zip code__________

Your credit card will only be charged for authorized payment of fees or late cancellation fees.

______________________________ Client signature

______________________________ Date

Client Registration

Contact Information Phone:__________________________ Please initial if I may leave a voice message as this number _______.

Name:____ Date of Birth:_________ SSN: ____________ Pronouns:__________

Address:____ City:_______________________ State:___________ Zip:________

Emergency contact:_______________________________________ Cell phone:___________________ Relationship:________________

Primary Care Physician

Name:____ Phone: ____

Address:____ City:_______________________ State:___________ Zip:________

Psychotherapist / Counselor

Name:____ Phone: ____

Address:____ City:_______________________ State:___________ Zip:________

Psychiatrist / Psychopharmacologist

Name:____ Phone: ____

Address:____ City:_______________________ State:___________ Zip:________

Are they aware of your nutrition needs?_______________________ (If yes, have you been advised of any drug-supplement interactions?)

Yes:__________ No:_________