



Diana Dugan Richards RDN LDN
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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 so 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 \$175** 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 Plan insurance plans. My self-pay rate is \$175 per 55-minute session. Namaste Nutrition offers Zelle or Venmo (not HIPAA-compliant), or 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

Personal Information:

Cell phone: _____ *Please initial if I may leave a voice message as this number* _____

Name: _____ Date of Birth: _____ Pronouns: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency contact: _____ Cell phone: _____ Relationship: _____

Primary Care Physician

Name: _____	Phone: _____
Email: _____	

Psychotherapist / Counselor

Name: _____	Phone: _____
Email: _____	

Psychiatrist / Psychopharmacologist

Name: _____	Phone: _____
Email: _____	
Are they aware of your nutrition needs? _____	If yes, have you been advised of any drug-supplement interactions or drug-drug interactions?
	Yes: _____ No: _____