Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully.

Protecting Your Privacy

Protecting your privacy and health information is an essential part of our business. Feed Your Vitality, LLC recognizes our obligation to keep your information secure and confidential whether on paper or the Internet. Health information provided by you may be used in your nutrition recommendations, for payment of services, and when required by law.

Feed Your Vitality, LLC will provide a written authorization from you before disclosing your health information for purposes other than those provided in this notice.

Confidentiality

Aside from the exceptions listed below, I understand that nutrition counseling sessions at Feed Your Vitality, LLC are confidential. Nothing will be released or disclosed to anyone, unless I provide written authorization. I understand that there are limits to my confidentiality, including the following:

- When there is risk of harm to myself or another person, Feed Your Vitality, LLC has the legal and/or ethical duty to take appropriate steps to protect life.
- Feed Your Vitality, LLC is bound by law to comply when a court orders your information to be released.
- Your information will be released in response to a subpoena from a court of law or a secretary.

I understand that there will be notes taken as a record of the work done during each session. These records are held in a secure location. Feed Your Vitality, LLC will keep your records for three years after the last contact, after which time the information will be securely disposed of.

I understand that I have the right to inspect and copy my protected health information. If I choose to request this information, I will submit a request in writing to Feed Your Vitality, LLC. My request will be responded to no later than 30 days after being received. I may be charged a fee for the costs of copying and mailing my information.

Acknowledgement of Notice of Privacy Practices

Please sign this page and bring it to your first appointment. Thank you.

I, _____, have received a copy of Feed Your Vitality, LLC privacy practices.

Client Name (print): _____

Client Signature: _____

Guardian/Parent Signature (if client is under 18 years old): _____

Date: _____

Communication Agreement

Should I, _____, decide to use an email system and/or text message to contact my dietitian, I understand and accept the following terms:

1. The team at Feed Your Vitality, LLC will take all available precautions to protect information secure and confidential. However, due to the state of technology complete privacy cannot be guaranteed.
2. Given that email or text message may be created from or sent to a public place there is no way to guarantee the confidentiality of the message.

Preferred mode of communication: □ Phone □ Email

Preferred phone number: _____
Circle one: work home cell

May I communicate with you via text message? □ Yes □ No

May I leave a voicemail at your preferred phone number? □ Yes □ No

Email address: _____

Client/Guardian Name (print): _____

Client/Guardian Signature: _____ Date: _____

Dietitian Signature: _____ Date: _____

Financial Agreement and Cancellation Policy

Financial Agreement

Payment for services is due at the time of the appointment, unless other arrangements have been made in advance. Feed Your Vitality, LLC is not a provider for any insurance companies, but will provide a receipt of payment which may be submitted to insurance providers for reimbursement. The insurance carrier may or may not reimburse for the services provided.

Feed Your Vitality, LLC accepts credit/debit cards, check, or cash. If a check is not provided at the time of service, the credit/debit card listed on the Debit/Credit Card Release Form will be charged. Please make checks payable to Feed Your Vitality, LLC.

Fees for Services:

Nutrition Counseling, Initial Assessment.....$99.00
Nutrition Counseling, Follow-up.....$85.00
Nutrition Counseling, 4 session package $299.00
Nutrition Counseling, 4 session package + weekly meal plan.....$429.00
Nutrition Counseling, 4 session package + monthly meal plan ...$779.00
Group Nutrition Counseling $340.00
Grout Nutrition Counseling + weekly meal plan.....$470.00
Group Nutrition Counseling + monthly meal plan.....$820.00

Cancellation Policy

There is no charge for cancellations that occur more than 48 hours prior to the session. The full fee will be charged for no-shows or cancellations within 48 hours of the appointment time.

I, _____, agree to the above financial and cancellation policies for Feed Your Vitality, LLC. I have read, understand, and accept the information and conditions specified in this agreement.

_____ _____

Client/Guardian Date

Debit/Credit Card Release

I, _____, agree to let Feed Your Vitality, LLC keep my credit card information within its confidential billing system. I also give permission to Feed Your Vitality, LLC for the use of my credit/debit card for payment of nutrition counseling sessions (if the sessions are not paid for by check or cash at the time of the appointment), including less than 48-hour notice cancellation fees.

Please check one:

□ Visa
□ MasterCard
□ American Express

Credit Card #: _____ Expiration Date: _____

Name on Credit Card: _____

Email address to send invoice: _____

Billing address for credit card:

_____

_____

_____

Phone number: _____

_____ _____

Client/Guardian Signature Date

Nutrition Assessment

Name: _____ Date of Birth: _____
Age: _____ Height: _____ Weight: _____ Occupation: _____
Address: _____ City, State, Zip: _____

Medical History

Please specify if you have or have had any of the following conditions:
□ Cancer □ Diabetes □ Heart Disease □ High Cholesterol □ High Blood Pressure
□ Intestinal Problems □ Kidney Disease □ Osteoporosis □ Stroke □ Other _____

Are you currently experiencing any of the following: □ Cold/Fever □ Constipation □ Diarrhea
□ Difficulty Chewing or Swallowing □ Fatigue □ IBS □ Nausea □ Reflux/Heartburn

Other Past Medical History (diagnoses, surgeries, etc): _____

Are you currently being treated for a medical condition? □ Yes □ No
Explain: _____

List medications you are currently taking: _____
_____

List vitamin or mineral supplements you are currently taking: _____
_____

Do you have any known food allergies or intolerances? □ Yes □ No Explain: _____
_____

Has a healthcare professional ever recommended you follow a special diet? □ Yes □ No
Explain: _____

Are you currently following a special diet? □ Yes □ No Explain: _____
_____

Do you drink alcohol? □ Yes □ No Number of drinks per week: _____

Do you smoke cigarettes? □Yes □ No Amount per day: _____

How much decaffeinated fluid (coffee/tea/soda) and water do you drink per day? _____

How much caffeinated fluid (coffee/tea/soda/energy drinks) do you drink each day? _____

Weight and Diet History

Do you weigh yourself? □ Yes □ No How often? _____

What is the highest your weight has been? _____
Age _____ How long were you at this weight? _____
What were your eating and exercise patterns when you were at this weight? _____
_____

What is the lowest your weight has been? _____
Age _____ How long were you at this weight? _____
What were your eating and exercise patterns when you were at this weight? _____
_____

What has been your most stable adult weight? _____
Are you pleased with your current weight? □ Yes □ No If no, why? _____
What is your desired weight? _____ Have you ever weighed this amount? □ Yes □ No
If yes, when? _____
What were your eating and exercise patterns when you were at this weight? _____
_____

Have you ever tried to lose weight through dieting? □ Yes □ No
Have you been successful at attempts to lose weight? □ Yes □ No
Are there certain foods that you do not eat? _____

Exercise History

Do you enjoy exercise? □ Yes □ No
Do you currently exercise? □ Yes □ No
If yes, how often? Where? _____
Do you enjoy exercise? □ Yes □ No
Do you have any exercise goals? If yes, please list: _____

Behavior Change

Readiness: On a scale from 1-10, with 1 being not ready and 10 being very ready, how ready are you to change your eating behaviors? _____

Confidence: On a scale from 1 – 10, with 1 being not confident and 10 being very confident, how confident are you in your ability to change? _____

What are two things you would like to change about your diet?

1. _____
2. _____

What are barriers that make it challenging for you to make these changes? _____
_____

Signature: _____ Date: _____

Behavioral Nutrition Assessment

Name: _____ Date of Birth: _____
The Behavioral Nutrition Assessment allows for assessment of your relationship with food, eating behaviors, and beliefs about food and nutrition.

Please check yes if you mostly agree with the following statements.

I eat when I'm bored	□ Yes	I eat in the car	□ Yes	I frequently eat when I'm not hungry	□ Yes
I eat when I'm stressed	□ Yes	I enjoy eating with others	□ Yes	I often eat less than others	□ Yes
I eat when I'm sad	□ Yes	I eat faster than others	□ Yes	I often eat more than others	□ Yes
I eat while I am on the computer	□ Yes	I eat slower than others	□ Yes	I usually eat 3 meals each day	□ Yes
I eat standing up	□ Yes	I eat while watching TV	□ Yes	I usually eat 1-3 snacks each day	□ Yes
I overeat at least 1 time per day	□ Yes	I read food labels	□ Yes	I count calories	□ Yes
I count grams of fat	□ Yes	I count grams of protein	□ Yes	I count grams of carbs	□ Yes

What most often triggers you to start eating? (Check all that apply)
□ Emotions □ Physical hunger □ Stress □ Boredom □ Time of day □ Other: _____

How often do you eat until you are uncomfortably full? _____

If you checked yes to reading food labels (above), what do you look for on the label? _____
_____

What is your typical eating pattern? (Check all that apply)
Week day: □ skip meals □ night eating □ 3 meals/day □ 3 meals + snacks □ varies
Weekend: □ skip meals □ night eating □ 3 meals/day □ 3 meals + snacks □ varies

If you regularly skip meals, which ones and why? _____

How do your eating patterns vary on the weekend compared to during the week? _____
_____

Describe what "healthy eating" means to you. _____
_____

How many meals per week do you eat at a restaurant? Which meals? _____
Which restaurants do you usually choose? _____

Who does the cooking in your household? _____ Shopping? _____
How often do you/your family cook at home? _____ Do you like to cook? □ Yes □ No

Do you feel that your schedule often conflicts with a healthy eating pattern? □ Yes □ No

If yes, why? _____
_____

_____

What eating behaviors are you proud of? _____

_____

What eating behaviors need the most improvement? _____

In order to tailor your counseling experience to your needs, it would be useful to know your expectations. Please check one of the following to indicate the amount of structure you believe meets your needs.

□ Tell me exactly what to eat for all my meals and snacks. I want a detailed food plan.
Example: 1 cup almond milk, 2 eggs, 1 cup strawberries
□ I want a lot of structure but freedom to select foods.
Example: 1 dairy, 1 protein, 1 fruit
□ I don't want a diet; I just want to eat better. I will just set food goals.

What information would you like to gain during counseling?

□ Grocery shopping tour	□ Eating out	□ Alcohol
□ Weight management	□ Portion size	□ Meal planning
□ Healthy food preparation	□ Eating less fat	□ Snacking
□ Food labels	□ Exercise	□ Other: _____

Goals:

What are your short term goals for nutrition counseling? _____

_____

What are your long term goals for nutrition counseling? _____

_____

Client/Guardian Signature: _____ Date: _____

Dietitian Signature: _____ Date: _____

3-Day Food Record

Directions:

- Record all foods and beverages that you eat and drink for three days (two weekdays and one weekend) in the table below.
- Group the foods into breakfast, lunch, dinner, or snack. Use the details at the top of each column to describe the foods eaten.
- Complete this form completely and accurately, using the examples as a guide. Include portion sizes for all foods and beverages consumed. You may estimate portion sizes to the best of your ability.
- Include condiments, preparation methods, and ingredients for food you prepare at home. Be as specific as possible.
- Use only one form per day.

Date: _____

Circle the day that this record is for: M T W H F S Su				
Meal (breakfast, lunch, dinner, snack)	Type of food	Brand (if applicable)	Preparation method (baked, fried, grilled, etc.)	Amount (piece, ounce, slice, teaspoon, cup, etc.)
Breakfast	Grain-free breakfast cereal	Feed Your Vitality	N/A	1 container
Snack	Apple	N/A	N/A	1 medium
Snack	Almond butter	Jif	N/A	2 Tablespoons

Date: _____

Circle the day that this record is for: M T W H F S Su				
Meal (breakfast, lunch, dinner, snack)	Type of food	Brand (if applicable)	Preparation method (baked, fried, grilled, etc.)	Amount (piece, ounce, slice, teaspoon, cup, etc.)

Date: _____

Circle the day that this record is for: M T W H F S Su				
Meal (breakfast, lunch, dinner, snack)	Type of food	Brand (if applicable)	Preparation method (baked, fried, grilled, etc.)	Amount (piece, ounce, slice, teaspoon, cup, etc.)