



Group Member Confidentiality Statement

Feed Your Vitality Privacy Policy

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 treatment, for payment of services, and when required by law.

Group Membership Agreement

The group leader(s) cannot share any client information except as required by law. Confidentiality within the group setting is based on mutual trust and respect. As a member of this group, **I will not disclose information about another member of the group to anyone outside the group.** This includes but is not limited to, names, descriptions, biological information, and content of discussion with other group members.

- I agree to not discuss information about another group member with anyone including family, roommates, significant others, or any other person that is not a member of this group.
- I will not discuss information pertaining to another group member in a place where it can be overheard by anyone not in the group.
- I understand that violation of these confidentiality principles could result in my termination as a group member.

By my signature below, I indicate that I have carefully read and understand this agreement and that I agree to its terms and conditions.

Signature: _____ Date: _____

Group leader 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 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
Nutrition Counseling, Follow-up.....	\$85
Nutrition Counseling, 4 session package	\$299
Nutrition Counseling, 4 session package + weekly meal plan.....	\$429
Nutrition Counseling, 4 session package + monthly meal plan ...	\$799
Group Nutrition Counseling	\$340
Group Nutrition Counseling + weekly meal plan.....	\$470
Group Nutrition Counseling + monthly meal plan.....	\$820

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:

Client/Guardian Signature

Date



Food Frequency Questionnaire

EXAMPLE SERVING SIZES	FOOD GROUP	SERVING S PER DAY	SERVING S PER WEEK	NEVER OR RARELY
1 slice bread 1 cup dry cereal 1/2 cup cooked rice, pasta, or cereal 1/2 bun, bagel, or English muffin 1 small roll, biscuit, or muffin	Grains			<input type="checkbox"/>
1 cup raw leafy vegetables 1/2 cup cooked or raw vegetables 6 oz vegetable juice	Vegetables			<input type="checkbox"/>
1 medium fruit 1/4 cup dried fruit 1/2 cup fresh, frozen, or canned juice 6 oz fruit juice	Fruits			<input type="checkbox"/>
8 oz milk 1 cup yogurt 1 1/2 oz cheese	Dairy			<input type="checkbox"/>
3 oz cooked meats, poultry, or fish	Meats, poultry, fish			<input type="checkbox"/>
1/3 cup or 1 1/2 oz nuts 2 Tbsp or 1/2 oz seeds 1/2 cup cooked dry beans 4 oz tofu 2 Tbsp nut butter	Nuts, seeds, dry beans			<input type="checkbox"/>
1 Tbsp regular salad dressing 2 Tbsp light salad dressing 1 tsp oil 1 Tbsp low-fat mayonnaise 1 tsp margarine, butter	Fats and oils			<input type="checkbox"/>
8 oz soda or lemonade 1 1/2 oz candy 8 oz soda	Sweets			<input type="checkbox"/>
12 oz beer, 4 oz wine, 1 1/2 oz liquor	Alcohol			<input type="checkbox"/>



Benefits of Regular Physical Activity

There are many potential benefits of being physically active, including:

- Reduce or maintain weight
- Reduced risk of premature death
- Reduces the risk or helps manage:
 - Heart disease
 - Diabetes
 - High blood pressure
 - Cancer
- Supports strong bones
- Improves mood, self-esteem, and self-image
- Reduce depression, anxiety, and stress
- Improve quality of sleep, reduce sleep apnea
- Increase energy
- Lower LDL and total cholesterol
- Raise HDL cholesterol
- Lower triglyceride
- Control blood glucose levels
- Strengthen heart and lungs



Physical Activity Readiness Questionnaire

If you are planning to become more physically active than you are now, start by answering the seven questions below. The questionnaire will tell you if you should check with your doctor before you start.

Please read the questions carefully and answer honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <i>and</i> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you experience chest pain when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming more physically active. Tell your doctor about which questions you answered YES.

- Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Develop an exercise plan with the aid of an exercise specialist.

If you answered NO honestly to *all* questions, you can be reasonably sure that you can:

- Start becoming much more physically active—begin slowly and build up gradually. This is the safest way to go.
- Take part in a fitness appraisal—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever—wait until you feel better.

I have read, understood, and completed the questionnaire.

Name: _____

Signature: _____

Date: _____