

Consent to Treatment and Terms of Nutrition Services

I am employing the services of Susan Macfarlane, MScA, RD to obtain information, resources, and guidance related to my nutritional health. I understand that Susan Macfarlane, MScA, RD is a Registered Dietitian and will not dispense medical advice, diagnoses or treatments that fall beyond the scope of her practice. The information provided by Susan Macfarlane, MScA, RD is designed to meet my personal dietary needs and will not be transferred, copied, or sold to another person/organization.

I understand that it is necessary to inform Susan Macfarlane, MScA, RD of any changes I make to my diet. It is my responsibility to report any side effects immediately, and to make the necessary adjustments to my treatment plan with my physician and/or Susan Macfarlane, MScA, RD. I will not hold my physician or Susan Macfarlane, MScA, RD responsible for any complications that result from my failure to comply with the above.

For Susan Macfarlane, MScA, RD to provide relevant and appropriate recommendations, I understand that:

- I must provide personal health information to the best of my ability
- My personal health information will only be collected, used, or disclosed with my express or implied consent, unless a collection, use, or disclosure is permitted or required by law
- Susan Macfarlane, MScA, RD will keep records of our visits and file these in a secure and appropriate location for ten years following the last date of service (or ten years following my eighteenth birthday, whichever is longer.)

I give permission for my information to be shared with (physician name and address):

Email

By signing below, I hereby consent to the Nepean Sports Medicine & Physiotherapy Centre contacting me by email (check all that apply):

- Appointment notifications/follow-up
- Dietitian correspondence (discussion, resources, recipes)
- Newsletter
- Account info (payment owing/credits)

Fee Schedule

Initial: \$100/60 min

Follow-up: \$60/30 min

Payment for services is due at the time of visit. Accepted methods of payment include cash, cheque, and credit card. Upon payment, a receipt will be issued for insurance submittal. **Susan Macfarlane, MScA, RD does not submit insurance claims on behalf of clients.**

Cancellation Policy

Twenty-four (24) hours notice is needed to cancel/reschedule your appointment. If 24 hours notice is not provided, a fee of \$40.00 will be charged to you.

Thank you for your cooperation and understanding.

Client Name (print): _____

Signature: _____

Date: _____

Susan Macfarlane, MScA, RD
Registered Dietitian Nutritionist