Client Terms & Conditions

**Nutrition Services**

As part of providing a nutrition service to you, our dietitians will need to collect and record personal information from you that is relevant to your current situation. This information will remain strictly between you and your practitioner, with the exception of communicating with other health professionals who you are already seeing to discuss your treatment. This is necessary to provide you with a quality service and effective treatment.

**TeleHealth** – You agree to participate in a consultation online (generally via Zoom) or over the phone. These consultations will not be recorded using audio, however the usual records taken during a face to face consultation as mentioned above will occur.

**Medicare and Private Health Insurance Rebates**

* Medicare claims available to clients with a Medicare team care plan as referred by a GP
* Private Health Insurance rebates may be available with *Extras* cover

**How did you find Love What You Eat (Zoe Nicholson)?** *Please tick the box and add name if known*

□GP/specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Another dietitian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Psychologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Word of mouth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□DAA (Dietitian’s Assoc.) □Facebook/Instagram □Other

□Internet *please state search terms if you remember*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Options**: Direct deposit, EFT and credit payable at the end of each consultation

**Cancellation Policy:** please respect your practitioner’s time and provide as much notice as possible when rescheduling/cancelling appointments. A fee may be charged as per the below conditions:

* Less than 24 business hours (please inform on Friday if cancelling a Monday)
* No notice, no show
* Over 15 minutes late without contacting your dietitian

**Please contact your dietitian with any cancellations.**

Zoe 0419 585 415

Kerrie 0407 563 700

**Agreement to Terms and Conditions:**

I have read the above terms and conditions and accept the terms of this agreement as a client of **Love What You Eat.**

Client Name:

Contact No.

Date:

Thank you…