

121 King St. W., Suite 1100, Toronto, ON, M5H 3T9 ~ Phone 416-800-0800 ~ Fax 416-800-0802

Nutrition Counselling Program: Waiver and Contract

I, _____ hereby grant permission for Stefanie Senior, Registered Dietitian (RD), of Athletic Edge Sports Medicine Clinic (AESM) to correspond with my physician(s) to obtain information relevant to my nutrition treatment and counselling and to update him/her of my progress. I acknowledge that any information so obtained will be held in strict confidence by Stefanie Senior, RD and AESM. I further acknowledge that the information provided to me by Stefanie Senior, RD is designed to meet my personal dietary needs. It is NOT suitable for any other individuals and will not be transferred, copied or sold to another person.

In order to benefit from the dietary, activity and lifestyle advice provided by Stefanie Senior, RD, I understand that it is important for me to inform either my physician or Stefanie Senior, RD of any changes I make in the application of my diet and activity. It is my responsibility to report any side effects or problems immediately to my physician and Stefanie Senior, RD and to make the necessary adjustments to my treatment plan with my physician and / or Stefanie Senior, RD. I will not hold my physician or Stefanie Senior, RD responsible for any complications, which result from my failure to comply with either of the above.

I acknowledge that Stefanie Senior, RD and AESM are not responsible for any harm that may arise from participation in this program, or any disputes that I may have with the suppliers.

Privacy

I grant permission for Stefanie Senior, RD to collect, use and disclose my personal health information only to fulfill the purposes outlined below. I further acknowledge that Stefanie Senior, RD and AESM will take the necessary steps to ensure that my personal information will be kept private, confidential and secure.

Purposes for Collecting, Using and Disclosing Information

1. To contact the client for updates or changes to the Nutrition Counselling Program or appointments with Stefanie Senior, RD
2. To monitor the progress of the client throughout the Nutrition Counselling Program (i.e. weight, body measurements, fitness level, eating and exercise behaviors etc.)

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3. To monitor and evaluate the quality of the Nutrition Counselling Program and the success outcomes resulting from the nutrition and/or exercise treatment prescribed by Stefanie Senior, RD.
4. Plan, administer and manage our internal operations
5. Receive payment for client participation
6. Fulfill other purposes permitted or required by law

Phone or Online Communication

I acknowledge that correspondence with Stefanie Senior, RD through phone, email or Skype may not be 100% secure or confidential.

Accessing Personal Information

I acknowledge that I have the right to access and correct my personal information or to withdraw consent for some of the above uses and disclosures by telling AESM.

Cancellation

I understand that it is my responsibility to provide **24 hours** notice of cancellation of appointments with Stefanie Senior, RD if not illness-related, and **12 hours** notice of cancellation due to illness.

Refund Policy

1. There will be no refunds after the first session with Stefanie Senior, RD for a single nutrition counselling session or a nutrition counselling package.
2. Nutrition counselling sessions or packages purchased are valid for 1 year from the date of purchase.

Date:

Participant's Name:

Participant's Signature:

Parent/Guardian Signature (if participant under 18 years of age):