



NUTRITION COACHING AGREEMENT

Between Registered Dietitian Amber Ketchum and Client: _____

The details of your customized coaching plan are made a part of this Agreement. In consideration of our preliminary communications and your receipt of a coaching sessions, you agree to the following:

COACHING SESSIONS

Welcome to coaching. Please do your best to adhere to your appointment. If you need to reschedule, please do so at least 24 hours in advance or you will be charged for the full coaching session. You will also be charged a \$25.00 fee if you initiate a coaching call more than fifteen minutes late. There is flexibility for emergencies. If you miss the appointment without notice, you will be charged the full appointment fee.

EXTRAS

If you have scheduled a follow up session after our most recent session, you have access to me at amber@homemadenutrition.com or text messaging between scheduled sessions. Please do not hesitate to email me your questions or thoughts along the way. You will not be billed for any email responses requiring under a five to ten minute response.

FEES AND PAYMENT

You agree to the designated fees at the time of purchase. Payment is made through Pay Pal and must be made in advance of services.

PRIVACY

Client information and records are confidential unless I receive your advance permission to disclose or except as required by law. All of our conversations and information exchanged is confidential under HIPAA code.

CLIENT RESPONSIBILITIES

You agree to cooperate in completing questionnaires/food logs/other assessment material on a timely basis so productive coaching can occur. You know as a Client you are responsible for the actions you take. You have the sole responsibility to contact your physician for approval for participation in coaching if coaching is for health reasons. You recognize that any activity in which problems/life situations are discussed bears some risk, which you the Client agree to accept in its entirety. You agree to hold harmless and indemnify Amber Ketchum RD, its officers, directors, agents and representatives from any liability whatsoever resulting from your participation in coaching activities, including but not limited to medical expenses. You accept the risk of any decision, action or outcome based on the coaching relationship. You acknowledge that expectations and results or participation in coaching activities vary among individuals and that each individual may not receive the same benefit. You agree that Coach may discontinue services to you upon notification to you in writing for any reason, including the following: your failure to cooperate to the best of your ability in the activities and schedules planned; non-payment of fees within 5 days of the due date. Client shall provide at least a two (2) week notice to Coach if client wishes to discontinue coaching services.

COACH

Amber Ketchum, MDS, RD

CLIENT x _____

DATE: _____