



CLIENT AGREEMENT

As a Clinical Nutrition and Health Consulting firm, NeuroFit Nutrition, LLC is committed to providing clients with expert recommendations regarding their health and nutritional wellbeing. NeuroFit Nutrition takes a unique approach to health and wellness by educating clients on how to improve their health using simple nutrition strategies and customized brain balance programs. In order to achieve this goal, we request new clients to review and acknowledge understanding of the following policies and payment procedures by providing the date and your initials at the bottom of each page along with a signature at the end of this agreement.

FEE SCHEDULE

Initial Consultation (60 minutes)	\$150
Follow-up Consultation (30 minutes)	\$95
Phone/Email Consultation (15 minutes)	\$35
Follow-Up Consultation Package (5 Visits/30 min. each)	\$425 (\$475 Value)

CONSULTATIONS

Initial Consultations are primarily information gathering sessions. The Nutritionist will review health history information, lab work, and main goals with each client and then discuss a recommended plan.

Follow-Up Consultations are advised every 2-4 weeks. This is necessary because diet and supplement protocols should be adjusted periodically as your health improves and neurotransmitter levels begin to change.

NOTE: After each consultation, the client may call, text, or email once with follow-up questions. Each additional phone call, text message, and email will be billed as a Phone/Email Consultation.

MISSED APPOINTMENTS

The client agrees that if he/she is unable to keep an appointment, he/she will provide a minimum of 24 hours prior notice to the nutritionist by leaving a message, sending an email, or speaking with the nutritionist directly. If an appointment is canceled or missed without 24-hour notice, the client understands that he/she will be billed for the entire session. Exceptions may be made for emergencies.

PAYMENT METHOD

Payment for services is expected prior to or at the time of the appointment and can be made by check, cash, credit card, or cashier's check/money order. Should the client's account remain unpaid for 30 days, the nutritionist reserves the right to suspend services until charges are paid in full or a suitable payment arrangement is agreed to in writing by both the client and the nutritionist. If legal means are required to secure payment, legal costs will be charged to the client.

RETURNED CHECKS

A processing fee of \$30.00 will be charged for all returned checks.

INSURANCE

The client acknowledges and understands that NeuroFit Nutrition, LLC and Nikki Drummond, CCN, do not accept insurance or government funded assistance programs as payment. All charges are the client's responsibility from the date services are rendered. A receipt will be provided and the client may choose to submit to their insurance company directly on their own accord.

Initials _____ Date _____



TELEPHONE CALLS/ SCHEDULING

The standard fee rate will be charged as listed above for telephone consultations. Brief phone contacts with the clients that are related to scheduling of less than ten minutes duration will not be billed. The client must approve phone contacts with family or friends in advance by signing a release of information form.

CLIENT MANAGEMENT SYSTEM

Nikki Drummond, CCN and NeuroFit Nutrition, LLC use the client management program MINDBODY to manage client information and to function as an online store. All information is password protected and only accessible by the client, NeuroFit Nutrition employees, and MINDBODY. By signing this Client Agreement, you agree and authorize your information be added into the MINDBODY system.

CONFIDENTIALITY

All communications between the client and nutritionist are confidential. Information will only be released to a third party under the following conditions:

1. The client authorizes the nutritionist to release information with written permission;
2. The client is threatening serious bodily harm to self or another;

RELEASE

The Client understands that all services provided to the client by employees of NeuroFit Nutrition, LLC are consultative in nature. By signing this form the client releases NeuroFit Nutrition, LLC and it's employees from any and all responsibility and liability arising from data derived there from. The Client understands that the information derived is to be considered preliminary only. The results discussed are in no way conclusive and do not constitute a diagnosis of any medical condition. The responsibility for initiating any follow-up care to obtain professional medical assistance is the Client's alone. All consultations and nutritional testing are done in the spirit of education and are not used or intended to diagnose or treat any disease, symptom, or medical condition and should not substitute seeing a physician. Clients are notified to **call 911** if they experience a medical emergency.

AGREEMENT

The client, by signing below, indicates that he/she fully understands and agrees to the above stated policies.

Client's Printed Name

Client's Signature

Date

Signature of NeuroFit Nutrition, Nikki Drummond, CCN

Date