

RADIANT VITALITY
Nori M. Hudson

To: _____
(name of client)

Welcome to my practice. As you know, I am a practitioner of **nutrition**. I am not a licensed physician, nor are **nutrition services** licensed by the state. The idea behind **nutrition** is that:

When properly grown and prepared, foods and the nutrients found in foods, can be supportive of health, enhancing quality of life and well-being.

As a practitioner of **nutrition**, I will provide you with the following kinds of services:

- Diet and nutrition evaluation
- Individualized dietary guidance appropriate to your lifestyle and environment
- Education and research on your health concerns
- Health support complementary to that provided by licensed professionals

I have been practicing **nutrition** since year 2000. My training and education includes:

- Academic training
- Diet Counselor Certification
- Nutrition Educator Certification
- Nutrition Consultant Certification
- Teacher Training Certification
- Continuing education in nutrition (provided upon request)

I have been a member of the National Association of Nutrition Professionals, the professional organization that sets standards, ethics and scope of practice for certified nutritionists, since 2001 (www.nanp.org).

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My services in **nutrition** are alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on the *patient information* sheet (see www.californiahealthfreedom.com).

If you ever have any concerns about the nature of my services or our work together, please contact me right away. I recommend that you inform your medical doctor that you are receiving **nutrition** services.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the **nutrition services** offered by **Nori Hudson** and her training and education. I have discussed with **Nori** the nature of the services to be provided. I understand that **Nori** is not a licensed physician and that **nutrition** services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health provider. I have consented to use the services offered by **Nori**, and agree to be personally responsible for the fees of **Nori** in connection with the services provided to me. I understand 24-hour notice to re-schedule must be given or a full-session fee will be charged. I am here as an individual on my own behalf.

Signed: _____
(client/parent/conservator/guardian)

Date: _____