

Nutrition Specialists of New Jersey  
Ashley Kravitz, RD, MS  
Informed Consent and Financial Responsibility Form  
*Please Read Entire Form Before Signing*

Ashley Kravitz, RD, provides one-on-one, personalized nutrition counseling. Because Ashley is not trained to diagnose or treat medical problems, illnesses or conditions and is not authorized to prescribe medication, I understand that Ashley is not responsible for such purpose, and that it is my responsibility to raise any issues relating to medication or medical problems with a physician.

Nutrition counseling begins with an assessment of your nutritional status, habits, and needs. After completing the assessment, the registered dietitian and I will discuss how to proceed by developing a nutritional plan with personalized, realistic goals. In order for nutrition counseling to be most successful, I will have to attend regular follow-up sessions, work on making changes in between sessions, and be honest with the dietitian about my behaviors.

I agree to keep Ashley informed of any changes in my medical condition, medications (both prescribed or over-the-counter), or treatment plan from my doctor(s) and/or other healthcare providers.

I understand that my success in achieving any nutritional goal relies on my ability to make changes in my eating and lifestyle habits. Although Ashley will work with me and provide recommendations to set realistic goals, it is up to me to fully follow through with the recommendations provided to me and that I am responsible for achieving these goals. I understand that Ashley makes no guarantees or claims about the results I may obtain under her directions, although she will make every effort to ensure that I am successful.

In addition, I understand that while Ashley may recommend that I take certain non-prescription and/or over-the-counter vitamins or supplements, I understand that she makes no guarantees as to the effect or consequences of my consumption of these items. Achieving my goals will require that I develop new behaviors (such as adjustments and changes to my diet and what I consume on a daily basis).

I will keep my appointments as scheduled, and I may forfeit some of the time allotted for my appointment if I am not present or available when the appointment is scheduled to begin. In other words, my appointment will end at the time it was initially scheduled to end, and I will be charged for the entire fee for the full session.

**Payment fees are due at the time of service in the form of either:**

- Cash
- Check – payable to Ashley Kravitz - please note a charge of \$20 for any returned checks
- Credit card

**Arriving Late:**

If you arrive to your appointment late, the session will end at the scheduled time regardless of when it started and full payment is expected. For example, if you arrive to your followup session 15 minutes late, you will receive 15-20 minutes of nutrition counseling and be charged for the full 30-40 minutes.

**No Show and Late Cancellation Fee**

Please notify your dietitian as soon as possible if you need to cancel or reschedule your appointment – either by phone or email. If you do not attend your appointment or have not provided a 24 hour cancellation notice, you will be charged \$50. Exceptions include dangerous weather or medical emergency. This fee is eligible to be waived if patient rescheduled within 4 business days of the original appointment.

I hereby acknowledge that I had the opportunity to ask any questions about the policies set forth herein and that I understand and am satisfied with the answers provided or that I elected not to ask any questions.

My signature below represents my understanding and acceptance of the policies outlines above and I agree to fully comply with them.

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**Patient Name**

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**Parent/Guardian signature (for clients under 18 years old)**

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**Date**