

Consent for service

I, _____ hereby grant permission for Xiaoyun Elaine Zhang, Registered Dietitian (hereinafter “Elaine”) to provide nutrition consultation. I accept that it will be necessary for Elaine to collect my personal, health and lifestyle information for the purpose of nutritional assessment. I have agreed to have my registered dietitian keep records of our visits and to file these in a secure and appropriate place. I acknowledge that any information so obtained will be held in strict confidence.

There are inherent limitations in ensuring confidentiality when communication via text, internet, email, telephone or other virtual interactions. Elaine makes effort to ensure the security of information but cannot guarantee prevention of unauthenticated third party access.

Cancellation or rescheduling policy:

If cancellation is necessary, we require that you let us know at least 48 hours in advance.

Client's phone number _____

Signature of Client

Date _____