



CLIENT CONTRACT/OFFICE POLICY

PLEASE READ CAREFULLY PRIOR TO SIGNING:

I understand that Christine E. Marquette, and the staff of Marquette Nutrition & Fitness, LLC are registered dietitians. They are not physicians trained to diagnose and treat medical problems. I give permission to the staff of Marquette Nutrition & Fitness, LLC to communicate with my physician in order to coordinate nutrition and health advice with my medical history. I agree to keep the staff of Marquette Nutrition & Fitness, LLC informed of any changes in my medical condition.

I also understand that the success I achieve in this program strongly depends on my ability to make permanent changes in my eating and exercise behavior. I agree to follow-up with the staff of Marquette Nutrition & Fitness, LLC for scheduled counseling sessions. I am aware that the staff of Marquette Nutrition & Fitness, LLC makes no claims or warranties regarding the results I should obtain under their direction.

I have been informed that Christine E. Marquette of Marquette Nutrition & Fitness, LLC ***does not participate with Medicare or insurance*** and that I have the option of consulting with another dietitian, in the surrounding area, that does participate with Medicare. I have read the introductory letter provided to me prior to this appointment, would like to enter into a consultation agreement with Marquette Nutrition & Fitness, LLC and understand my financial responsibilities to Marquette Nutrition & Fitness, LLC.

Successful medical nutrition therapy and self-care education involves behavioral change. This change requires that I keep my scheduled appointments. If I miss any pre-paid sessions without prior arrangements, it will be counted as a completed session as this time could have been used for other patients and encourages my compliance with this program. No refunds or exchanges will be given at any time before and/or during any consultations or during any consultations or package programs.

I understand that I may be billed for any appointments canceled with less than 48 hours (two business days-excludes Saturdays and Sundays) notice.

Marquette Nutrition & Fitness, LLC maintains confidentiality of all patient issues unless we are given permission to communicate with your health care provider, by your signature below or if we feel your issues present a life-threatening situation.

Your signature indicates your understanding and acceptance of above policy and that you have received a copy of this agreement.

Signature

Date