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DISCLOSURE

Vicki Kobliner MS RD provides professional nutritional and wellness counseling to those seeking complementary approaches for improving their health. Ms. Kobliner encourages clients to seek regular medical attention from their primary health care providers who may choose to participate in a cooperative team effort integrating complementary support towards achieving the client's wellness goals.

Nutritional consultation services may not be covered by your insurance company. Prospective clients therefore, are personally responsible for full payment of consultation services. Patients are also required to give 24 hour advance notice before canceling or rescheduling an appointment. If adequate notice is not given than Vicki Kobliner reserves the right to charge the client for ½ of the appointment fee.

I am committed to maintaining the privacy of your protected health information (PHI). This form will also serve as consent to use or disclose your protected health information to carry out treatment, payment activities, and healthcare consultations. In order to be compliant with HIPAA (Health Insurance Portability and Accountability Act of 1996), please indicate your approval of being contacted by phone and/or email to confirm your appointment or otherwise communicate with you. You have the right to access, inspect and obtain a copy of your private health information. A reasonable fee for copies may be charged for your protected health information (PHI). Upon your request, disclosure of your PHI will be provided to your designated health care professional(s). Vicki Kobliner also reserves the right to disclose information to sources that she professionally deems necessary to protect your health.

I, _____(please print) have read and fully understand the aforementioned disclosure. I acknowledge that no guarantees have been made to me as a result of treatment or evaluations by Vicki Kobliner MS RD. By signing below, I acknowledge that any dietary or supplemental suggestions made by Vicki Kobliner MS RD, are entirely nutritional in nature and are not intended to diagnose, cure or treat any disease or ailment. I also acknowledge that my physician is my primary health care provider.

Signature: _____ Date: _____