



Diane Fukuda

**HEALTH SOLUTIONS**

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## HealthE Solutions Informed Consent Form

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 nutrients can be 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 October 2006. My training and education includes:

- Academic training
- Nutrition Educator Certification from Bauman College

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.

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 Diane Fukuda/HealthE Solutions and her training and education. I have discussed the nature of the services to be provided. I understand that Diane Fukuda is not a licensed physician and that nutrition services are not licensed by the state. I understand that it is my responsibility to maintain a relationship for myself/my child with a medical doctor of licensed health provider. I have consent to use the services offered by Diane Fukuda/HealthE Solutions and agree to be personally responsible for the fee in connection with the services provided to me. I will provide 24-hour notice if an appointment must be missed or will pay for the missed session. I am here as an individual on my own behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_