



## Welcome to the Office of Medical Nutrition Therapies Group, LLC

### Mission Statement:

Our mission is to partner with you and your health care provider to assist you in achieving your goals of a healthier more productive life TODAY!

### Payment and Insurance Liability Notice:

In many cases, your insurance company will limit payment or may not cover a service due to limitations of your policy. If your insurance does not pay for a service due to a policy limitation, you are financially responsible for the payment of that service. **All payment is required at time of service.**

### Missed/Late Appointments:

Please help us to serve you better by **calling our office** at least 24 hours in advance if you are not able to keep your scheduled appointment. Missed appointments without prior notification may result in a surcharge. If you know you will be late for your appointment, please call and let us know as soon as possible. Being on time for your visits will ensure that you receive all the precious time needed to achieve your nutritional goals!

### Visitors:

You are encouraged to bring to one or two persons (at no charge) to your visit who have direct impact on your nutritional intake (those who prepare or purchase your meals, who dine with you, etc.). We do ask that young children and/or pets are left at home, unless this is first discussed with our staff.

### Authorization for Release of Medical Information:

I \_\_\_\_\_ (name) hereby give my consent to MNTG, LLC to release and share information regarding my nutritional status to my primary care physician. I understand that I have the right to copy and inspect the information which is to be released. I further understand that the records contain information regarding the patient's medical condition and treatment and possibly could include information pertaining to drug and/or alcohol usage, mental health status, and/or HIV status. I understand that my refusal to consent to the release of this information will prevent the disclosure of such information. (The record may be subject to subpoena or court order if it does not contain alcohol, drug, or mental health information.) It is further understood that I have the right to revoke this authorization in writing at any time, and in any case it expires when the processing of this request is completed.

### Consent for Nutritional Program:

Our nutritional services are not meant to replace the advice of your physician, and/or your medication regimen. We do not diagnose, prescribe or medically treat any condition, disease or disorder, nor do we interfere with the medical advice given by your doctor. We do not claim that any recommended nutritional supplements such as vitamins, minerals, herbs or proteins will cure any condition. We do access your nutritional health in order to make nutritional recommendations, which are based on current, reliable and sound authority from respected researchers in nutrition. We communicate these recommendations to your referring physician. I understand that if I am in pain or discomfort, I should immediately seek MEDICAL TREATMENT. I have read this **Consent** and certify that I understand its contents. I \_\_\_\_\_ (name) hereby give my consent to MNTG, LLC to provide me with medical nutrition therapy, diabetes education, weight management counseling and/or other nutrition-related services.

**I have read and understand the content of this entire document.**

Date: \_\_\_\_\_ OR \_\_\_\_\_  
Patient Name (Please Print) Patient Representative (Please Print)

\_\_\_\_\_ OR \_\_\_\_\_  
Patient Signature Patient Representative Signature

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