

# KRISTEN McPhee

Nutrition & Herbs

www.kristenmcphee.com | kristen@kristenmcphee.com | 517.980.1578

## **Nutrition and Herbal Services Provided**

Kristen McPhee, “Kristen,” holds a Master’s degree in Therapeutic Herbalism and Post-Master’s Certificates in Clinical Herbalism and Nutrition and Integrative Health from Maryland University of Integrative Health (MUIH). Kristen is owner of Kristen McPhee Nutrition & Herbs, LLC.

Kristen’s goal is to help you achieve the highest state of health consistent with your own goals. Nutrition and herbs can serve as an excellent adjunct to a medical doctor’s treatment, but are not a substitute for that treatment. Services offered as a part of this consultation may include personalized dietary, lifestyle, and herb and supplement recommendations. As a part of the therapy, Kristen will perform a comprehensive assessment, plan and implement nutrition and herb interventions, and monitor and evaluate your progress.

## **Notice of Privacy Practices**

As a client of Kristen McPhee Nutrition and Herbs, LLC a record of your care and services will be created. Kristen will not use or disclose your medical information for any purpose, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to Kristen McPhee Nutrition and Herbs, LLC at the address below. Kristen may use medical information about you to provide you with services and may disclose medical information about you to doctors, nurses, or other health care providers to assist them in treating you.

## **Communication**

The privacy and security of email communication to and from Kristen McPhee Nutrition and Herbs, LLC between appointments cannot always be guaranteed secure and confidential. I agree that Kristen McPhee Nutrition and Herbs, LLC shall not be liable for any breach of confidentiality that may result from the use of e-mail. I understand that e-mail should not be used for urgent matters and that I should contact 911 or visit the nearest emergency room if I am feeling unsafe or experiencing a life-threatening emergency. I understand that all e-mail communications may be made part of my permanent medical record and would be accessible to anyone given access to those records. I also understand that I may withdraw permission for Kristen McPhee Nutrition and Herbs, LLC to communicate with me via e-mail by notifying in writing. I hereby give permission for Kristen McPhee Nutrition and Herbs, LLC to reply to my messages via e-mail, including any information that she deems appropriate, that would otherwise be considered confidential. Please check your preferences below:

- I DO NOT want to use email to communicate between appointments and will be available by phone for communication.
- I give Kristen McPhee Nutrition and Herbs, LLC permission to communicate via email. I would like to communicate with Kristen McPhee Nutrition and Herbs, LLC using brief e-mail messages between appointments. Preferred E-mail address:  
\_\_\_\_\_

I permit Kristen McPhee Nutrition and Herbs, LLC to leave telephone messages for me at the following locations

- Work phone:
- Home phone
- Cell phone

## **Client Rights and Responsibilities**

It is your responsibility to fully disclose health information to Kristen and inform her of changes that occur to your treatment, including medication and health changes as services progress. You have the right to respectful, courteous care and can refuse to follow any or all recommendations provided as a result of this consultation. You have the right to choose another practitioner for any reason and to request that health information be disclosed to another practitioner or health care provider.

**Fees and Charges**

The initial consult fee is \$240 for 90 minutes and 30 minute follow up. Subsequent follow-up consult fees are \$120 for up to 60 minutes. Payment for the consultation is due at the time services are rendered. Discounted packages are available when paid in full. Kristen will answer brief email and phone questions between visits, but emails and phone calls that are 15 minutes or longer will be billed at \$30.00 per 15 minutes. Insurance is not presently accepted.

**Pay As You Go (No Discounts)**

Initial Consultation: \$240 for 90 minutes and 30 minute follow-up

Follow-up Consultations: \$120 for up to 60 minutes

**Standard Health & Wellness Package**

Pay in Full - Three Follow-up Consultations (10% Discount) = \$324

Except in emergency situations, you will be charged the cost of the appointment for missed appointments without 24 hours notice. If you arrive to your appointment late, the session will end at the scheduled time regardless of when it started and full payment is expected.

**Supplement Safety**

The historical record and modern research indicate that herbs and supplements most often used for healthcare have a good safety record. Similarly, confirmed cases of herb, nutrient and drug interactions are rare. Adverse events can occur after using any active substance, including allergic response. Therefore, it is imperative that you disclose to Kristen: 1) all medications, supplements and herbs currently in use, 2) any liver or kidney disease (past or present), 3) any allergies, 4) if you plan to become pregnant or are currently pregnant or breastfeeding. It is important to stay within the dosage recommended. You are expected to inform your physician of any nutritional supplement or herb use. Any suggestion that the effect of a drug is being altered by simultaneous use of an herb or nutritional supplement should be reported directly to all health professionals involved. It is also advisable to stop taking herbs and supplements 7 days before and after a surgical operation, and/or in the event of being prescribed a new medication.

**Informed Consent**

I am solely responsible for the decision to consult with Kristen McPhee Nutrition and Herbs, LLC for nutrition and herbal counseling. I have reviewed this document, including safety of supplements, services provided, cancellation fees, email policies, my responsibilities as a client, and the Notice of Privacy Practices. I understand Kristen is not a physician and therefore cannot diagnose or treat disease, or prescribe drugs. If I have not already done so, I agree to consult a medical doctor for any serious or life-threatening disease conditions, either for myself, or someone under my guardianship. I have had the opportunity to ask Kristen questions regarding the proposed services, this consent form, and other pertinent information and have received satisfactory explanations. I understand that I am free to discontinue service(s) at any time.

Client's Name \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature  
(If client is under 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_