Medical Disclaimer 2026



Nutrition does not replace medical care and all recommendations are temporary.

I hereby acknowledge and agree:

1. The purpose of nutritional counseling is to improve overall health, vitality and well-being through education about food and nutritional supplements.

2. I understand that Anna Rathbun is not a licensed Dietitian, Naturopathic Doctor or Medical Physician and does not diagnose, treat or cure diseases, disorders or conditions. Anna Rathbun is a Certified Nutrition Consultant.

3. As part of Nutritional Counseling, I will provide information concerning my physical habits, medical history, moods, energy levels, likes and dislikes, lifestyle and diet. This information is collected to enable the Certified Nutrition Consultant to recommend dietary changes to improve my general health, vitality and overall well-being. Anna Rathbun will hold this information in confidence and will not release or disclose this information to any other person without my prior consent, except as required by applicable law.

4. If Anna Rathbun suspects the existence of a disease, disorder or condition, I will be informed of this suspicion. However, I acknowledge that this is not a diagnosis or conclusion about the state of my health, and that I am directed to consult a licensed Physician regarding any suspected problems promptly.

5. I understand that it is my responsibility to disclose any disease, disorder or condition and all other relevant details to Anna Rathbun. If I have not previously consulted a licensed Physician about this disease, disorder or condition, I acknowledge that I am directed to do so promptly. I am not to alter or discontinue treatments prescribed by a licensed Physician or other licensed health professional without consulting the individual who prescribed the treatment.

6. In providing Nutrition Counseling, Anna Rathbun relies on the truth, accuracy and completeness of all information I have provided. In addition, I will report my physical responses to any food or supplement recommendations.

7. Anna Rathbun is in no way liable for my health or safety.

8. In consideration of my participation in the Nutritional Counseling Services, I hereby accept all risk to my health, including injury or death that may result from such participation. I hereby release the Certified Nutrition Consultant, Anna Rathbun, on my behalf and on behalf of my personal representatives, estate, heirs, next of kin, and assigns from any costs, claims, causes of action and damages arising from any illness or injury to my person, including my death, that may result from or occur as a result of my participation in the Nutritional Counseling Services, whether caused by negligence or otherwise.

9. Appointments must be canceled or rescheduled more than 24 hours in advance. Changes within 24 hours will incur the full fee.

10. I understand that any therapies I undertake with Anna Rathbun, Certified Nutrition Consultant, are undertaken of my own free will. I accept that ultimate responsibility for my health care is my own and that Anna Rathbun is here to support me. I understand that my practitioner reserves the right to determine which cases fall outside their scope of practice. In this event, an appropriate referral will be recommended. I hereby agree to assume full responsibility for any manner of loss, injury, claim or damage whatsoever, known or unknown, incurred as a result of the same, and I, my heirs, executors, administrators or assigns, for any loss, injury, claim or damage sustained as a result of my attendance and/or participation. I have read the above release and waiver of liability and fully understand its contents, and I voluntarily agree to the terms and conditions stated.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTOOD IT TO BE A FULL AND FINAL RELEASE OF ALL COSTS, CLAIMS, CAUSES OF ACTION AND DAMAGES OF ANY KIND ARISING FROM OR IN CONNECTION WITH THE ANNA RATHBUN, CERTIFIED NUTRITION CONSULTANT.

Client

By signing below, I agree to the policies of Anna Rathbun, Nutrition Consulting

X

Print name: **Date:**