

HAYLEY DOWN NUTRITION TERMS AND CONDITIONS

This outlines the framework for our services at Hayley Down Nutrition. Please ask if you require clarification of any of the below. This form must be signed before our consultation can commence. By signing this statement of acknowledgment, you (the client) understands/agrees to the following:

1. Understanding that all fees, are payable at the time of appointment by the client or the guardian, either by Cash, Cheque, or Bank Transfer. Notice of at least 24 hours is required for appointment cancellations; otherwise you will be charged an administration fee of £35.00. If you do need to cancel an appointment, please let your nutritional therapist or admin team know. You can do this by emailing: hayley@hdnutrition.co.uk.
2. Hayley Down Nutrition keeps a record of your name, contact details and dates and appointments on a password-protected database. Your Nutritional Therapist is required to keep brief notes about the focus of your work which are kept securely and password protected.
3. I am a Nutritional Therapist and NOT a conventional medical doctor (GP). Any treatment you receive is not mutually exclusive from any treatment or advice you may now be receiving or may receive in the future from any other licensed health care practitioner.
4. You are responsible for contacting your GP about any health concern.
5. If you are receiving treatment from your GP, or any other medical provider, you should tell him/her about any nutritional strategy provided by a nutritional therapist. This is necessary because of any possible reaction between medication and the nutritional programme.
6. It is important that I tell my nutritional therapist about any medical diagnosis, medication, herbal medicine, or food supplements I am taking as this may affect the nutritional programme.
7. If I am unclear about the agreed nutritional programme/food supplement doses/time period, I should contact my nutritional therapist promptly for clarification.
8. Recording consultations using any form of electronic media is not allowed without the written permission of both me and my Nutritional Therapist.
9. The methods I may use have a proven clinical foundation, yet may not be recognised or accepted by standard (allopathic) medicine.
10. The treatment and/or referral to other health care practitioners is based on the assessment of your health, revealed through personal history, examination, laboratory testing, and any other appropriate method of evaluation.
11. I reserve the right to determine which cases fall outside my scope of practice, in which event the appropriate referral will be recommended.

12. You are not an agent of any private or government agency attempting to gather information without so stating your intentions.
13. Changes in dietary habits are not an absolute prerequisite for treatment and you understand that failure to follow sound nutritional, exercise and lifestyle programs could undermine any expected results.
14. You are accepting or rejecting this care of your own free will.
15. The ultimate responsibility for your health care is your own and that I am here to support you in this. I reserve the right to discontinue my services where it is apparent that your expectations and what I can provide are not in agreement.
16. I also recognise that even the gentlest therapies, supplements and medications potentially have their complications in certain physiological conditions, in very young children, in those on multiple medications, in pregnancy, while breastfeeding and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy; all medications, including over the counter drugs and supplements. The slight health risk of some Naturopathic treatments include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from acupuncture.
17. Due to the new GDPR regulations coming into effect, I am legally obliged to store your personal data securely. Your data will be held offline and locked securely. After 7 years, your data will be destroyed unless it is required for any medical or legal reasons.
18. Your personal data will never be used for marketing purposes or used for anything other than to contact you or share with another medical or legal body after you have given consent where applicable.
19. Should you wish to receive marketing material from me, usually a monthly blog or article about the various information on the latest news in the Nutrition industry, please tick so in the client initial consultation questionnaire form.
20. You are entitled to request a copy of your data and can be removed from any marketing mailing lists as and when you request to do so.
21. I give permission for you to contact my GP regarding any agreed aspects of my case:

YES NO (Please delete as appropriate).

We understand the above and agree that our professional relationship will be based on the content of this document. We declare that all the information we share during this professional relationship is, to the best of our knowledge, true and correct.

Client Name: _____
Client Signature: _____
Date: _____

Hayley Down
Signature: _____
Date: _____

This document is confidential and a signed copy of this document is to be retained by both the Client and the Nutritional Therapist.