Nutrition Key™
Unlock Your Healing Potential

C: Angela T Russo
P: 914-888-6785
E: info@nutritionkey.com

Office Policies and Consent Form

Please review carefully, sign and date. Thank you.

PAYMENT IS REQUIRED AT THE TIME OF SERVICE: This includes the cost of the consultation, additional treatment services performed in the office, supplements or health related products.

FINANCIAL RESPONSIBILITY & BILLING: I acknowledge all financial responsibility for myself (or guardian relationship) for services or products rendered under Angela Russo's care.

INSURANCE PLANS AND MEDICARE: This office does not participate or directly bill any insurance plans; however, I may submit a copy of my bill to my insurance company for possible reimbursement. Since Medicare is not accepted in this office, I will not be able to submit any bill to Medicare for reimbursement from them for any services I encounter in this office.

RETURNED CHECKS: There is a $35 fee for returned checks for non-sufficient funds.

PRIMARY CARE PROVIDER: Please note that Angela is not a medical doctor and her services are not a substitute for medical care and do not claim to diagnose, treat or alleviate disease. For medical diagnosis and treatment of disease, I would need to consult with my primary doctor or other licensed medical professional.

EMERGENCIES AND AFTER-HOURS CARE: In the event of an emergency or urgent problem, it is recommended that I contact my primary doctor. If I have a serious problem, I realize I may need to contact 911 or go to the nearest hospital emergency room or my local police.

QUESTIONS REGARDING YOUR TREATMENT PLAN: I understand that during my scheduled consultation, I am encouraged to ask questions about my treatment plan. However, if after my consultation, I have any questions or symptoms pertaining to my program, I can contact Angela by phone or email. If there is a need for longer discussions or regarding new symptoms or questions, there will be a fee for the additional time or I may need to schedule a follow-up appointment.

The fees for questions beyond a few minutes for phone or email responses are as follows:

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- 15 minutes – $35.
- ½ hour – $75.

For questions longer than ½ hour, it is recommended that I schedule an office appointment for maximum benefit and resolution.

Angela will try to answer my question in a timely manner which may be between patient appointments. Generally, responses will be returned within 24 hours, Monday through Friday or the next business day.

SPECIALTY LAB TESTING: I realize that any specialty lab tests are usually an out-of-pocket expense. Conventional lab testing may be covered by insurance through my medical doctor.

INFORMED CONSENT REGARDING NUTRITIONAL AND SUPPLEMENT TREATMENT: In this office, Angela provides nutritional counseling and makes individualized recommendations regarding use of foods, vitamins, minerals, herbs and homeopathic remedies to upgrade the quality of foods in a patient's diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications, but some potential interactions may occur. For this reason, it is important to keep all my healthcare providers fully informed about all medications and nutritional supplements, herbs or hormones I may be taking.

HIPAA; NOTICE OF PRIVACY ACT: HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. A major component of HIPAA addresses the privacy of individuals' health information by establishing a nation-wide federal standard concerning the privacy of health information and how it can be used and disclosed. The document also states how protected health information may be disclosed to receive payment/reimbursement through insurance. I certify that I have read and understand the Health Insurance Portability and Accounting Act available to me from Nutrition Key, Inc.

CONFIDENTIALITY STATEMENT: I understand that what I discuss with Angela T Russo/Nutrition Key, Inc. will be treated confidentially in accordance with law and recognized professional standards.

HOLD HARMLESS: I hold Angela T Russo and Nutrition Key, Inc. harmless for any claims or damages in association of our work together. This is a general release of liability for Angela T Russo and Nutrition Key, Inc.

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CANCELLATION POLICY: I realize that this office has a 48-hour cancellation policy, and I understand that I will be charged in full for late cancellations (less than 48 hours) and for no-shows.

By signing below, I voluntarily consent and accept the above terms and conditions of the Office Policies, Cancellation Policy and Informed Consent for Treatment. I realize that there are no guarantees given to me by Angela T Russo at Nutrition Key, Inc.

X Signature: ____