



4501 Cartwright Road, Ste 505, Missouri City, TX 77459
www.thetransformationstudio.com * 281 240 7102

CLIENT HIPPA RIGHTS/CONSENT FORM

I do hereby seek and consent to take part in the treatment by the nutritional medicine consultant. I understand that no promises have been made to me as to the results of treatment and am aware that *this is not in a medical treatment performed by a physician.*

If a client is on a prescribed medication, and he/she chooses to substitute this with an organic, natural alternative diet, it is his/her responsibility to strictly adhere to the proposed diet and is fully responsible for their health if they do not follow instructions and dietary recommendations.

I am aware that I may stop my treatment at the studio at any time. The only thing I will still be responsible for paying is for the services I have already received.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel or do not show up, I will be charged for the appointment.

I have read the HIPPA rules and understand them fully. I am aware that client records are kept in a confidential; they are property of this facility. I may request access to them by following the policies and procedures for such a request.

I may request to be given a copy of this statement of clients' rights so that I may refer to it, and/or review it, and understand it.

My records and/or any information conveyed by myself and/or members of my family to personnel, will not be released without my written permission unless required by Texas law. (I.e. Reporting of alleged or suspected incidents of child abuse is mandatory under the Texas Family Code.)

I understand that I may make a complaint about my treatment and rights without such complaints being used against me. If I have a complaint against a licensed staff member, I may grieve directly to the State Board of Professional counselors at 1100 West 49th Street Austin, TX 78756; (612) 834-6658.

HIPPA PRIVACY AGREEMENT ACKNOWLEDGEMENT

My signature below shows that I have read, understand and agree with all of the statements on The Transformation Studio's HIPPA & client rights consent form.

Print Name & Signature of client /Guardian

Date

Print Name & Signature of nutritional consultant

Date