

Nutritionist Client Communication Consent

This form provides your consent for the nutritionist or dietitian to communicate with you regarding your care, using the contact information provided by you. Your privacy and confidentiality are respected according to applicable healthcare guidelines.

Client Details

Full Name

Date of Birth

Preferred Contact Information

Consent for Communication

I authorize my nutritionist/dietitian to communicate with me for purposes of scheduling, follow-ups, sharing educational information, and discussing my care plan.

☐ Phone

☐ Email

☐ Text/SMS

☐ Other

Confidentiality

I understand that while all reasonable steps are taken to protect my privacy, there are inherent risks in electronic communications. I acknowledge that my consent remains valid until revoked in writing.

Client Signature

Date