

FOUR SEASONS NUTRITION

Nancy Birang B.S., M.T., N.C.
Board Certified, Holistic Nutrition
nancybirang@gmail.com
t: 408.832.6178
f: 408-399-5094

WAIVER

To: _____
(Name of client)

Welcome! I am a board certified nutritionist who provides nutrition services. **Please note: I am not a licensed physician.** The idea behind nutrition is that: when properly grown and prepared, foods and the nutrients found in foods, can be supportive of health and enhance the quality of life and well-being.

As a board certified nutritionist, I will provide you with the following kinds of services:

- Diet and nutrition evaluation
- Individualized dietary guidance appropriate to your lifestyle and environment
- Education and research on your health concerns
- Health support complementary to that provided by licensed professionals

I have been providing nutrition services since 2000. My certifications, training and education include:

- Board Certified, Holistic Nutrition
- Registered, National Association of Nutrition Professionals
- State Certified, Nutrition Consultant
- Certified Instructor, Holistic Nutrition
- Certified, Herbal Medicine
- Bachelor of Science, Medical Technology
- State Licensed, Clinical Laboratory Scientist
- Nationally Licensed, Clinical Laboratory Scientist
- Level I and II Certified, Professional Clinical Training in Cancer Therapies
ETMS, Mederi Foundation

I have been a member of the National Association of Nutrition Professionals, the professional organization that sets standards, ethics and scope of practice for certified nutritionists, since 2002, (www.nanp.org).

In order to use my services, California state law requires that you acknowledge receipt of the information provided on this form and that you sign it and return it to me. You will receive a copy. I will keep the original in our records for at least three years.

My services in nutrition are alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on a separate page of this form.

If you ever have any concerns about the nature of my services or our work together, please contact me right away. I recommend that you inform your medical doctor(s) and other licensed healthcare practitioners that you are receiving nutrition services.

ACKNOWLEDGEMENT, CONSENT TO RECEIVE SERVICES, AND LIABILITY WAIVER

Please read and initial as indicated below.

I have read and understand the above disclosure about the nutrition services offered by Nancy Birang and her training and education.

Initials: _____

I have discussed with Nancy Birang the nature of the services to be provided. I understand that Nancy Birang is not a licensed physician and that nutrition services are not licensed by the state.

Initials: _____

I understand that it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed healthcare provider.

Initials: _____

I understand that Nancy Birang may provide me with information concerning the use of food, supplements, and herbs that affect my health and wellbeing. I understand that the use of this information is at my own risk and that any liability from the use of food, supplements and herbs is expressly disclaimed.

Initials: _____

I understand that I should inform my medical doctor and/or other licensed health care practitioner of any and all dietary intervention, supplements and herbs that I may choose to take.

Initials: _____

I understand that Nancy Birang may provide information concerning the use of laboratory testing and that they may assist me in understanding the results of any tests. I understand that Nancy Birang is not ordering any testing and is not using results of any testing for diagnosis or treatment. I understand that it is my responsibility to discuss information regarding testing and test results with a licensed physician.

Initials: _____

I have consented to use the services offered by Nancy Birang, and agree to be personally responsible for her fees in connection with the services provided to me.

Initials: _____

I will provide 24-hour notice if an appointment must be missed or pay for half the missed session.

Initials: _____

I am here as an individual on my own behalf.

Initials: _____

Signed: _____
(Client/Parent/Conservator/Guardian)

Date: _____

CALIFORNIA SENATE BILL SB-577

WHAT IT MEANS FOR CLIENTS

California Senate Bill SB-577, which was signed by the governor in September 2002, has profound implications for the practice of alternative forms of healthcare in California. SB-577 enables alternative and complementary health care practitioners to provide and advertise their services legally. However, they must also comply with certain requirements specified within the bill.

What does Senate Bill SB-577 mean for you, the client?

SB-577 gives you access to alternative and complementary health care practitioners. You must be given information about the nature of treatment or consultation and the practitioner's qualifications. Feel free to ask a practitioner any question you might have about your treatment or consultation. Check to see if your practitioner holds certification by a professional association. In addition, tell your doctor about any alternative treatment you are pursuing. You can also request that your licensed and unlicensed health care providers communicate with each other and work collaboratively to meet your health care needs.

SB-577 helps to protect you. SB-577 requires unlicensed health care practitioners to follow certain guidelines and restrictions.

Here are the things that unlicensed alternative health care practitioners are NOT allowed to do:

- Perform any form of surgery or any procedure that punctures your skin or harmfully invades your body
- Use X-ray radiation
- Prescribe prescription drugs, or recommends that you discontinue drugs that were prescribed by a licensed physician
- Set fractures
- Treat wounds with electrotherapy
- Put you at risk of bodily harm, serious physical or mental illness, or death
- Imply in any way that they are licensed physicians

In addition, an unlicensed alternative practitioner MUST DO the following:

- Provide you with a statement, written in plain language that includes the following information:
 - that they are not a licensed physician and that their services are not licensed by the state
 - a brief and clear description of the kind of services they provide and the reasoning behind it
 - a description of their education, training, and experience
- Ask you to sign an acknowledgement that you received the above written statement, and provide you with a copy of it. They must also keep a copy of your signed acknowledgement for three years.