



31 College Place, Building B, Suite 200, Asheville, NC 28801
Phone: (828) 333-0096 Fax: (828) 505-8772
www.Nutritious-Thoughts.com
Empower. Nourish. Heal.

Welcome!

We would like to thank you for selecting Nutritious Thoughts and we are looking forward to getting to know you. Your first nutrition appointment, upon meeting with your provider, will consist of a variety of questions. Most questions will be focused around current and past nutrition and movement behaviors, along with medical history. We will also touch on family history, stress level and sleep patterns. With this information, as a team, we will create the best treatment plan to meet your individual needs and desires. Once we evaluate your information, personal goals will be established. We will then work towards conquering them at a pace that feels comfortable to you. If Nutritious Thoughts is unable to meet your needs or you need a higher level of care, we will address this concern as soon as possible.

Nutritious Thoughts:

- Provides individual and family nutrition counseling services with a focus on health, not diet
- Offers nutrition education groups and free support groups
- Creates connection through safety, trust and compassion
- Delivers education and accountability while creating a positive relationship with food, movement & body

Please bring the completed Intake Paperwork or come 20 minutes prior to your appointment to complete the paperwork in office. In addition, we ask that you bring your insurance card and a photo ID for us to copy prior to your appointment.

Special Note: If you intend on utilizing health insurance benefits, you may find the *Nutritional Counseling Insurance Coverage Worksheet* helpful. Nutritious Thoughts requires that clients verify their insurance coverage prior to their first appointment.

We thank you and look forward to meeting with you soon. By the way, the best way to keep up to date with Nutritious Thoughts is by following us on social media and by going to our website to sign up for our e-Newsletter: Nutritious-Thoughts.com

If you have any additional questions, please call our office at: **828-333-0096** or email us at: **Rhea@Nutritious-Thoughts.com**.

Sincerely,

Nutritious Thoughts Team





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CLIENT INTAKE INFORMATION

Client Name (legal): _____
(First, Middle Initial, Last)

Nickname: _____ Date of Birth: _____ SSN: _____

Gender: _____ Client's Marital Status: Single Married Other

Email Address: _____ **Please read "Electronic Communication Policy"*

Check box to sign up for Nutritious Thoughts e-Newsletter

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Are you a full-time student? Yes No

Cell Phone: _____ May we leave a message on your cell phone? Yes No

Home Phone: _____ May we leave a message on your home phone? Yes No

What is the best method to reach you regarding appointment scheduling, etc? Cell Phone Home Phone

How would you like to receive Appointment Reminders* (choose one):

Text Message Automated Phone Message (please specify cell or home #): _____ Email

**Please read "Appointment Reminders Policy"*

If you would like to opt-out of Appointment Reminders, please check here: Opt-out (None - no reminder will be sent)

If Client is 17 Years Old or Younger

Parent/Guardian Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ May we leave a message on your cell phone? Yes No

Home Phone: _____ May we leave a message on your home phone? Yes No

What is the best method to reach you regarding appointment scheduling, etc? Cell Phone Home Phone

As guardian, would you like to receive Appointment Reminders for client's scheduled appointments? Yes No



Client Name (Please Print): _____

Billing Contact

*Name: _____ Relationship to Client: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Insurance Information

Primary Insurance Company: _____

Insurance ID Number: _____ Phone: _____

Group Number: _____ Effective Date: _____

Client's relationship to Insured: Self Spouse Child Other

Insured's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Insured's Date of Birth: _____ Gender: _____

SSN: _____ Employer: _____

Referral Source (Please let us know how you found us)

Website Provider: _____

Search Engine: _____ Family/Friend: _____

Online Directory: _____ Other: _____

Reason for visit: _____

Name of Primary Care Physician: _____

Address: _____

Phone: _____ Fax Number: _____

Current Medications/Supplements and dosing (please attach additional sheet if needed): _____

Medical conditions you are currently being treated for: _____

Please list any allergies you have to medications and food:

Medication Allergies: _____

Food Allergies: _____



Client Name (Please Print): _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES AND ACCESS TO STATEMENT OF CLIENT RIGHTS & RESPONSIBILITIES

The information that Nutritious Thoughts learns about you through the course of your treatment is considered “protected health information” or PHI. Extensive measures are taken to ensure the privacy of your PHI. In most cases, you must provide written authorization for your PHI to be used or disclosed. We are however, allowed to use and disclose PHI without your authorization for certain purposes. Our *Notice of Privacy Practices* provides a complete description and some examples of such uses and disclosures.

By signing below, you are acknowledging that you understand that you are entitled to receive a copy of Nutritious Thoughts’ *Notice of Privacy Practices* and have access to a copy of Nutritious Thoughts’ *Notice of Privacy Practices* and *Statement of Clients Rights & Responsibilities* in the waiting room and on our website: Nutritious-Thoughts.com.

Client, Parent or Guardian Signature: _____

Date: _____

DISCLAIMER OF LIABILITY

Nutritious Thoughts’ practicing dietitians are not physicians or psychologists, and the scope of his/her consultation services does not include diagnosis of specific illnesses or disorders. If you, the client, suspect you may have an ailment or illness that may require medical attention, then you are encouraged to consult with a licensed physician immediately. Only a licensed physician and psychiatrist can prescribe medication. Any mention of medication during the course of consultation is only for the purpose of providing a complete history of medications and supplements that the client is taking and not for Nutritious Thoughts’ practicing dietitians to judge the appropriateness of the medication. Any change in prescription or dosage is a decision the client makes with his or her physician.

By signing below, you acknowledge that you understand Nutritious Thoughts’ practicing dietitians are registered and licensed dietitians, not physicians, and that you should see a doctor if you think you have a medical condition that requires medication. Nutritious Thoughts’ practicing dietitians will not be held liable for failure to diagnose or treat an illness, nor will Nutritious Thoughts be liable for failure to prevent future illness.

Additionally, you promise to give Nutritious Thoughts’ practicing dietitians a complete and accurate account of any medical conditions that you may have and any medications that you are taking.

Client, Parent or Guardian Signature: _____

Date: _____



Client Name (Please Print): _____

Nutritious Thoughts' Financial Policy

This Financial Policy describes Nutritious Thoughts' policy regarding payment of charges for services rendered by Nutritious Thoughts.

- Unless other arrangements are made, full payment for service is due by the end of each appointment. We accept check, cash, credit cards (Visa, MasterCard and Discover) and most H.S.A. accounts. **Please note that there will be a \$25 charge for checks that are returned due to non-sufficient funds.**

Nutritious Thoughts Pricing/Fees:

Initial Nutrition Assessment (90 min): \$210	Nutrition Follow-up (60 min): \$125
Initial Nutrition Assessment (60 min): \$140	Nutrition Follow-up (30 min): \$65

- **Self-Pay Client Policy: All self-pay clients must have a credit card on file. Payment for service is due by the end of each appointment. If not paid in full at time of service, or arrangements have not been made, credit card on file will be charged after service.**
- **Telehealth (online) or phone appointments will be billed at the prices above. Clients must have a credit card on file and payment for service is due by the end of each appointment.** Credit card will be charged after service. Online or phone appointments may not be considered eligible for benefits, as insurance companies may not cover this expense. **In addition, overuse of Electronic Communication will result in the client being billed at the regular correspondence rate.**
- You are financially responsible for all charges, whether or not paid by insurance, including *Missed Appointment Fees* and any charges for service rendered which are denied, not prior authorized, or for any reason, not covered by the applicable insurance company. In situations of divorce, separation, court orders, etc., the undersigned will be financially responsible for the account (including missed appointments and late cancels).
- **To cancel or reschedule an appointment you must provide 24-hour advance notice or you will be billed a Missed Appointment Fee of \$55 for the appointment. Nutritious Thoughts' policy states that all Missed Appointment Fees must be paid prior to next appointment. Please note that insurance companies will not cover this expense. In addition, reminders are sent as a courtesy; clients will be held responsible for missed appointments whether or not a reminder is sent.**
- If you are having difficulties paying balances on your account, please contact Nutritious Thoughts as soon as possible to discuss options for a payment arrangement or assistance in meeting your financial obligations.
- Nutritious Thoughts and its surrogates may contact you using the telephone number(s) associated with your account for billing or collection purposes. This includes use of mobile telephone numbers. You may also be contacted via text message or email using the email address(es) associated with your account. Telephone communications may include pre-recorded and artificial voice messages and/or use of an automatic dialing device as applicable.



Client Name (Please Print): _____

Nutritious Thoughts' Insurance Policy

- Nutritious Thoughts provides insurance billing to in-network insurance plans only.
- Clients are responsible for giving Nutritious Thoughts full and correct insurance information at their first visit and immediately thereafter. Clients may be responsible for all charges if claims are denied because Nutritious Thoughts was not given the correct insurance billing information.
- Policy benefits vary greatly within the insurance network. Clients are fully responsible to become familiar with their plan parameters, current benefits, and coverage rules. **Clients are responsible for obtaining referrals when required by their insurance plan for coverage. Please note: Not all services may be covered by all insurance contracts;** refer to *Nutritional Counseling Insurance Coverage Worksheet* for further details.
- **As a courtesy, Nutritious Thoughts can verify client's benefits with their insurance company. A quote of benefits is not a guarantee of benefits or payment. The claim will process according to client's plan. If claim processes differently from the benefits Nutritious Thoughts was quoted, the insurance company will side with the plan and will not honor the benefit quote we received.**
- Clients are financially responsible for all charges, which may include copays, coinsurance, deductible amounts, and/or *Missed Appointment Fees*, whether or not paid by insurance, including any charges for services rendered which are denied by client's insurance carrier for any reason. Any service that is not eligible for coverage through a client's insurance plan becomes the responsibility of the client.
- If Nutritious Thoughts receives notification that filed charges have been denied by an insurance carrier or if insurance carrier does not remit payment within 30 days, the balance will be due in full from client. We reserve the right to limited insurance submissions and inquires on disputed claims.
- **After insurance has processed client's claim, any remaining portion of charges, including copays, coinsurance, deductible amounts, and/or Missed Appointment Fees, will be charged to the card on file if payment is not received within ten business days of Nutritious Thoughts contacting you via phone and/or mail. If we do not receive a response or payment in full within ten business days, any balance owed will be charged to your credit card on file. If payment is declined, Nutritious Thoughts will request updated credit card information. This in no way compromises your ability to dispute a charge or question your insurance company's determination payment.**
- Clients will not receive a statement for services that are the responsibility of their in-network insurance company. However, if requested, every client can receive a superbill for services provided. Clients may submit a superbill to an out of network insurance carrier.



Client Name (Please Print): _____

Nutritious Thoughts' Credit/Debit Card on File Policy

- In an effort to reduce billing fees and finance charges for overdue balances on client's accounts, Nutritious Thoughts has established a Credit/Debit Card Policy effective January 1, 2017. This policy expects clients to keep a current credit/debit card on file in the event of an unpaid balance.
- Nutritious Thoughts places a high premium on keeping your personal and financial information secure. Your credit card information is securely protected by the credit card processing component of our HIPAA-compliant Electronic Health Record.
- **Full payment is due at time of service. Balances due may include copay, coinsurance, deductible amount, and/or Missed Appointment Fees. If client payment is not made on the date of service, or if arrangements for an alternate payment plan have not been made, charges will be submitted to the credit/debit card on file.**
- **When providing us with your credit card information, you are giving Nutritious Thoughts permission to automatically charge your card on file for you (or client listed on Intake Paperwork) for any outstanding balances due, which may include copays, coinsurance, deductible amounts, and/or Missed Appointment Fees.**
- If the payment is declined, Nutritious Thoughts will contact the client for an alternative payment method. **It is the client's responsibility to keep a valid credit/debit card on file.**

By signing below:

I hereby authorize payment of all medical benefits which are payable to me under the terms of my insurance policy to be paid directly to Nutritious Thoughts for services rendered. I further authorize the release of any information needed for processing my insurance claims. I also understand that if I do not provide your office with a referral when required, I will be financially responsible for payment.

I understand that if I default on any payment obligations as called for in this agreement, Nutritious Thoughts has the right to discontinue providing services.

I understand Nutritious Thoughts has the right to forward my information to and utilize the services of a collections agency to obtain a resolution on all delinquent accounts.

I have read, understand and agree to Nutritious Thoughts Financial Policy, Insurance Policy, and Credit/Debit Card on File Policy, described above.

Client or Financially Responsible Party Signature

Date

Client or Financially Responsible Party Printed Name



Client Name (Please Print): _____

Appointment Reminders & Use of Contact Information Policy

By supplying your telephone number, email address and other personal contact information you are authorizing Nutritious Thoughts to use and disclose your Protected Health Information (PHI) to contact you. This message may include the name of your provider, the time and place of your scheduled appointment(s), and other limited information, for the purposes of notifying you of a pending appointment, a missed appointment, or balance due. We may notify you about your appointment utilizing an automated phone system, text message, a personal call, email, or by mail. This notification may involve leaving a detailed message on an answering machine or other automated or electronic equipment for such purposes, which could (potentially) be received or intercepted by others. You consent to the receiving of multiple messages per day from Nutritious Thoughts, when necessary. You also authorize Nutritious Thoughts to leave the message with another individual, if you are unavailable, at the number provided by you.

Electronic Communication Policy

Electronic communication offers an efficient way to communicate with you and Nutritious Thoughts’ staff. However, this medium is not without its risks. Secure electronic messaging is always preferred to insecure email for more sensitive PHI. Though we take many steps to ensure confidentiality, if we are in communication via email, you are accepting the risk that a third party may intercept our communication, as standard email does not provide a secure means of communication. Our providers will use the minimum necessary amount of PHI when responding to your questions or communicating information to you via email. Nutritious Thoughts will not be liable for improper disclosure of confidential information that is not caused by our intentional misconduct.

Guidelines for Use of Electronic Communication

- Email, phone calls and/or texting is not appropriate for urgent matters or an emergency situation; instead please call 911 or go to your nearest emergency room.
- Emails should be concise. You should schedule an appointment if the issue is too complex or sensitive to discuss via these mediums.
- Nutritious Thoughts’ staff members typically check messages within 48 hours, however there may be exceptions.
- Nutritious Thoughts’ staff members will not forward client identifiable emails to others outside this practice without the client’s prior written or verbal consent, except as authorized or required by law, and we will never distribute a client’s email address to a third party.
- Nutritious Thoughts is not liable for breach of confidentiality caused by the client or any third party.
- Inform your provider of changes in your contact information including email and phone numbers.
- Please do not give your dietitians email address to a third party.
- **Email is reserved for business matters only. Client may be dismissed for inappropriate Electronic Communication.**

By signing below:

I have read, understand and agree to Nutritious Thoughts’ Appointment Reminders & Use of Contact Information Policy, Electronic Communication Policy and Guidelines described above. I understand and accept the risks involved with email communication of my PHI.

Client or Financially Responsible Party Signature

Date

Client or Financially Responsible Party Printed Name

If you would like to opt-out of all email communications, please check here: Opt-out



Client Name (Please Print): _____

Training Policy

Nutritious Thoughts provides clinical training to medical staff and dietitians. Trainees may be present during appointments, groups and services.

Pet Policy

No pets are allowed in Nutritious Thoughts' office except service animals. Service animals are dogs that are individually trained to do work or perform tasks for people with disabilities. The service animal must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls. The individual must keep the service animal in control and the animal must be housebroken.

Policy on Client's Rights to Be Assigned to a Different Dietitian within Nutritious Thoughts

As dietitians, we are here to provide support, tools and empower our clients to be able to heal. Nutritious Thoughts' dietitians all practice in a similar manner and have access to the same tools to provide adequate care to the client. All Nutritious Thoughts' dietitians agree that if the client feels that he/she is not receiving the care they need from a Nutritious Thoughts dietitian, then most likely, none of the dietitians at this practice will fulfill the clients need. We encourage you to always speak to your dietitian, especially if you feel like something is not working for you. However, if the request is made in writing and the letter is given to your primary dietitian before the seventh visit, we will try to honor the request. Please note: we can only honor the request if another dietitian's schedule has any openings for a new client at that time. Otherwise we will assist with referring or trying to find another dietitian for you.

Missed Appointment Fee Policy

To cancel or reschedule an appointment you must provide 24-hour advance notice or you will be billed a *Missed Appointment Fee* of \$55 for the appointment. Nutritious Thoughts' policy states that all *Missed Appointment Fees* must be paid prior to next appointment. If repeated cancellations or no shows happen that interfere with your individual care plan, Nutritious Thoughts may, at its discretion, choose to discontinue your care. Please note that insurance companies will not cover this expense. In addition, reminders are sent as a courtesy; clients will be held responsible for missed appointments whether or not a reminder is sent.

Late to Appointment Policy

Nutritious Thoughts' dietitians make every effort to maintain appointment time commitments and we request that you extend the same courtesy to us. We understand that there are occasions when you may be running a few minutes behind due to unforeseen circumstances. If that happens, and you are able, please call our office to let us know.

Please understand that if you arrive more than 15 minutes late for your appointment, you may be required to reschedule, unless your dietitian's schedule can still accommodate you. If your appointment is rescheduled due to you being late, you will be charged our standard *Missed Appointment Fee* of \$55.



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AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Client Name (print): _____ **Date of Birth:** _____

Other Names Used: _____

Parent/Guardian/Legal Representative Name (minors only): _____

Health Care Provider, Person, Agency or Emergency Contact Information: Please provide the name, relationship (e.g. PCP, mother, etc.) and contact information of the provider, person, agency or emergency contact that Nutritious Thoughts can communicate, request information, or send information to.

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

I authorize Nutritious Thoughts to be able to communicate, request, and/or send the following information to the providers, persons or agencies listed above:

- ✓ Intake Evaluation/Assessment
- ✓ Progress Notes/Treatment Plans
- ✓ Financial Info/Scheduling
- ✓ Discharge Summaries
- ✓ Ongoing Verbal Communication
- ✓ Continuity of Care

Statement of Authorization: I understand that my consent will remain in effect as long as I am a client of Nutritious Thoughts, LLC, unless and until I notify Nutritious Thoughts in writing of any changes. I have been informed what information will be released, its purpose, and who will receive the information and I may inspect or copy the protected health information to be used or disclosed under this authorization. I understand and authorize that the disclosure may include information on diagnosis and treatment, AIDS or HIV infection, drug or alcohol abuse or genetic testing. I understand that personal health information, once disclosed, might be re-disclosed and is no longer protected by federal privacy regulations. I also understand that I may refuse to sign this authorization. Nutritious Thoughts will not condition treatment, payment, enrollment or eligibility for services based on whether I sign this authorization. **BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THIS AUTHORIZATION FORM.**

Client Signature Parent/Guardian/Representative Signature Date

Legal Representative (where applicable): I am legally authorized to represent the client listed above and I understand that I may be asked to provide documentation to demonstrate this legal authority.

Representative Signature Relationship to Client/Legal Authority Date