

Dalia Weinreb - Client Consent Form

REGISTERED DIETITIAN IN PRIVATE PRACTICE [www.dalianutrition.com]

Name

Email

example@example.com

Date



Day Month Year

I agree to the following statements:

I have read and understood the document entitled 'Privacy Policy' - available to view on the website [www.dalianutrition.com/privacy-policy] .

I have recieved the answers to my questions and I am satisfied with the response.

I understand there is a 24 hour cancellation policy for appointments.

I understand that personal information will be collected about me which is pertinent to my treatment pathway and is held securely.

I understand that my personal affairs are confidential (the law of the land withstanding).

I agree to be contacted by the following methods:

Email

Phone/SMS Text Messaging

Video Conferencing Software (ie: Zoom)

WhatsApp

I understand that I reserve the right to withdraw consent at anytime

Yes

Your signature