



·MARGARET SCHWENKE·  
Authentic Nourishment

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### **Client Information, Authorization & Consent to Treatment**

I am very pleased that you have selected me to be your Eating Psychology and Nourishment Counselor and I am sincerely looking forward to working with you. This document is designed to inform you about what you can expect from me regarding sessions, confidentiality and several other details regarding our work together. This document is the first step of my commitment to you to keep you fully informed of every part of your experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your program at any time.

### **Theoretical Views & Client Participation**

I believe in each individual's ability to change, heal and empower themselves toward the greatest version of themselves. Throughout our work together, I seek to understand your challenges and to help guide you back to the things that nurture and support your happiest and highest self. Some individuals are able to achieve their goals in a matter of a few months, however for others this is a longer term process. In order for this process to be most effective for you, you will need to take an active role. This means working on the things you and I talk about both during and between sessions. Generally, the more of yourself you are willing to invest, the greater the return. Therefore, you acknowledge that you are participating voluntarily in using our Programs and Services, and you alone are solely and personally responsible for your results. You take full responsibility for your own health and well-being.

### **Professional Relationship & Confidentiality**

Eating Psychology Counseling and Nourishment/Health Coaching are professional services I will provide for you.

The relationship between client and coach is an evolving and collaborative process that requires work and commitment from both of us. Like any meaningful relationship, this relationship is built over time and will grow and change. Any personal information you share with me will remain confidential, with the following exceptions:

- (1) You direct me to tell someone else and you sign a "Release of Information" form
- (2) I determine that you are a danger to yourself or to others
- (3) You report information about the abuse of a child, an elderly person, or a disabled individual who may require protection

### **Not A Substitute For Medical Advice**

The information provided in or through our Website, Programs, Products and Services is not intended to be a substitute for professional medical advice, diagnosis or treatment. I am not holding myself out to be a Medical Provider, rather, I serve as a coach and mentor in a collaborative partnership between myself and you, the client. You should always seek the advice of your own doctor/physician or health care provider regarding any questions or concerns about your specific health situation. It is advisable to speak with your own Medical Provider before implementing any suggestions obtained through our Website, Programs, Products and Services including but not limited to exercise, lifestyle, weight loss, food, vitamins or supplements; engaging in an elimination diet, detox or cleanse; meditation or deep breathing exercises; or participating in any other aspect of a weight loss, healthy eating, exercise and/or lifestyle program.

### **Technology Statement**

Cell phones, text messaging and emailing are not secure means of communication and may compromise your confidentiality. Electronic communication may be used to initiate and obtain information about services, schedule appointments, transmit documents, and similar purposes initiated by the client or the counselor. Please limit the use of text messaging to scheduling needs. Email may be used for questions or communication regarding your program.

Please do not use electronic communication to discuss any therapeutic content or issues, unless this has been previously discussed and agreed upon by both client and counselor.

### **In Case of an Emergency**

Generally, I will return phone calls within 24-48 hours. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources. If you have an emergency, I encourage you not to wait for a call back, but to call 911 or visit the emergency room of your choice.

### **Structure and Cost of Sessions**

In person or phone sessions are generally 50 minutes. There may be times where you and I decide that meeting for a longer period of time would be beneficial, and that is determined on a case by case basis. I agree to provide a 50 minute consultation appointment for \$150 and thereafter, 50 minute sessions for the fee of \$150 per session. At the conclusion of our initial consultation, I will suggest a customized program for you based on your specific needs and goals, and we will discuss those associated costs moving forward. My services are “out of network” and it is your responsibility to find out your insurance company’s policies and to file for insurance reimbursement if applicable.

### **Our Agreement to Enter into a Professional Coaching Relationship**

I am sincerely looking forward to facilitating you on your journey toward health and wellness. If you have any questions about any part of this document, please ask.

**Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing Margaret Schwenke LLC to render services to you.**

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Client Name (Please Print)

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Client Signature

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Date

## Financial Statement and Consent

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Service: \_\_\_\_\_ Fee per session: \$ \_\_\_\_\_

Service: \_\_\_\_\_ Program Fee: \$ \_\_\_\_\_

Billing: \_\_\_\_\_ Amount Today: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please initial the following.

\_\_\_\_ Payment for services rendered is expected in advance or at the time of delivery. Payment is accepted in the form of Visa, Mastercard, Discover, and American Express.

\_\_\_\_ I ask that if you need to cancel or reschedule an appointment for any reason, you do so with at least 48 hours notice. Payment will be billed in full to the card on file for sessions cancelled without 48 hours notice.

\_\_\_\_ All payments made to Margaret Schwenke / Authentic Nourishment are nonrefundable. In the event that a prepayment is made for a block of services, and those services are not redeemed as initially intended, the remaining balance will remain on file as account credit and may be applied toward any service within 60 days.

\_\_\_\_ Your health is your responsibility. You acknowledge these programs and services are not a substitute for medical advice and are presented "as is" without warranty or guarantee. The information is not intended to diagnose, treat, cure or prevent any disease. Under no circumstances, shall Margaret Schwenke LLC be held liable for any damages.

By signing below, I indicate that I have read and agree to the above policies and authorize Margaret Schwenke LLC / Authentic Nourishment to charge the above credit card for services rendered as well as for any applicable missed appointment fees.

\_\_\_\_\_  
Client Signature / Date