

## **OFFICE POLICY**

Welcome! I look forward to partnering with you to achieve the goals that motivated you to find me. To work most effectively with you and all of my client-partners, I have developed the below office policies.

These guidelines have been established to facilitate our work together. Please feel free to comment on them or ask any questions that you may have. I am here to meet your needs and offer you optimal care. You have the right to end your treatment at any time, for whatever reason, without any moral, legal, or financial obligation, except for fees already incurred. You have the right to question any aspect of your treatment with me and to expect that I will work with you to meet your needs for adjunctive or alternative treatment. You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you or any of your family members—all of which would compromise our work together.

### **INSIDE AND OUTSIDE OUR SESSIONS**

I am here to empower you primarily during our sessions. If you get stuck or need some quick coaching, I am available to assist you by telephone for a few minutes between sessions. Please call my cell phone between 8 am and 8 pm EST Monday through Friday and leave me a message. I will make every attempt to return your call as soon as I can. I check my voicemail intermittently throughout the day and will return your call that day, if possible, but certainly by the next day. I generally do not return calls in the evening or on the weekend.

You are also welcome to leave me a short message to report your progress at any time. I love celebrating your achievements with you!

You are welcome to email me with any thoughts or concerns. I will read your emails, and we will discuss their content at our next session. I may not always respond by email.

If you need to speak to me for longer than a few minutes, please set up an extra session that week. If there is an emergency, please call 911 or the emergency room at your nearest hospital.

### **SESSION TIME**

Regular sessions are 45 minutes in length. I begin sessions on time and appreciate your cooperation in ending them on time. Please consider all possible obstacles to starting and finishing on time, and leave plenty of time for these variables. I will not be able to make up any time that might be lost if you arrive late.

### **FEES, BILLING, AND INSURANCE COVERAGE**

I will send you an invoice for our sessions via Quickbooks. My preferred form of payment is electronic bank transfer via the Quickbooks system, which is associated with the fewest fees. If you prefer to pay by credit card, I will add a 3% fee to the base fee to cover their additional charges.

Note: The credit card authorization form that I require to hold our first appointment is just to secure that time slot and will not be charged unless in the case of a late cancellation or no-show.

Please have your payment ready at the time of your session so we can use the full session to your benefit. Payment will then be due upon receipt, and I reserve my right to collect up to 16% interest on any balances past due more than 60 days.

Some insurance companies cover nutrition counseling services; however, many do not. Often, a letter from your doctor referring you to a registered dietitian will help in obtaining coverage. If you would like, I will have a separate “superbill” prepared for you so that you may submit it to your insurance company. If you do choose to submit an insurance claim, any reimbursement will go directly to you, as you will have already paid me directly for your session. I do not bill insurance companies directly.

### **CANCELLATIONS**

A 48-hour notice (i.e., two full business days) by telephone or email is required for all cancellations. If your appointment is scheduled for a Monday and you need to cancel it, please contact me by Thursday of the previous week (or preferably sooner). Likewise, if your appointment directly follows a holiday, any cancellations must be made two business days prior to the holiday (or, again, preferably sooner). You will be charged for any appointment that is canceled without sufficient notice.

### **CONFIDENTIALITY**

Privacy allows for a mutually respectful therapeutic relationship to be established. As such, our meetings are held in strict confidence. If we decide it is necessary, a release form will be used to obtain permission to speak to your physician or psychotherapist.

When working with minors, I find that it is important to respect their right to privacy. Privacy allows for greater trust between the child or teenager and me as the dietitian, which enhances the effectiveness of the treatment.

*My general policy regarding minors and confidentiality:* During treatment, I will provide parents with only general information about the progress of the treatment. Any other communication will require the child’s authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern.

*Family sessions and parent coaching:* If the minor and I both feel that it would be helpful to discuss eating issues with the family or have a family session on occasion, I am willing to do this. This kind of collaborative work with parents can be very helpful.

*Additional treatment:* If, in the course of treatment, it becomes clear that a child or teenager would benefit from more intensive treatment than we have originally agreed upon, some privacy may need to be surrendered to the parent in order to provide for the minor’s therapeutic needs. I will use my best clinical judgment in determining what information to share with parents and will only communicate information that will be most helpful for the health and well being of the child. In addition, I will consult with the other professional team members to provide the best recommendations for the child. I will also discuss the matter with the child, if possible, and address any objections he/she may have.

# LEGAL INFORMATION

## JURISDICTION & SEVERABILITY

This agreement shall be subject to the laws of the State of New York. If any provision of the agreement is deemed unenforceable, the remaining provisions shall be severed and remain in full effect.

## DISCLAIMER OF HEALTHCARE-RELATED SERVICES

I encourage you to continue to visit and be treated by your healthcare professionals, including a physician. As a nutrition therapist, I am not acting in the capacity of a doctor or psychologist. Accordingly, I will not diagnose, treat, or cure in any manner any disease, condition, or other physical or psychological ailment. By choosing to work with me, you understand that the information you receive is not meant to replace anything your physician or psychologist advises or restricts. You agree to take full responsibility for your life and well being, as well as the lives and well being of your family, and for all decisions made during and after our work together.

You agree not to sue me as a result of our work together, unless you believe I have been grossly negligent. You release me from any and all liability, damages, causes of action, allegations, suits, sums of money, claims, and demands whatsoever, in law or equity that you ever had, now have, or will have in the future. This release also applies to my heirs, executors, administrators and assigns, officers, directors, shareholders, employees, teachers, lecturers, agents, health counselors, and staff.

Again, these policies have been established to make our work together clear and easy. If you have questions or concerns, please discuss them with me so we can co-create resolutions. That's what we're here to do together!

## ACKNOWLEDGMENT

By signing below, you are stating that you understand and agree to the above terms of our relationship.

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Client/Guardian Signature

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Date

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