



Lauren Trocchio, RD LD
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Service Policies

Payment:

1. Payment is expected at the time of service. Alternate payment schedules must be discussed and approved in writing with your nutrition therapy provider prior to service.
2. Payment is accepted in the form of cash, check or credit card. Electronic invoices may be sent in advance if preferred.
3. Nutrition Unlocked, LLC will not submit claims to your insurer nor accept direct payments from your insurer. It is your responsibility to determine if your insurance will cover your nutrition therapy; if so, a receipt will be provided for your payment in order for you to submit directly to your insurance company to receive any applicable reimbursement.
4. Checks should be made out to **Nutrition Unlocked, LLC**.
5. A \$25 fee will be charged for all checks returned for insufficient funds.

Terms and Conditions:

1. **Cancellation.** You will be charged \$75 for all appointments missed or not cancelled within 24 hours of the scheduled time unless in the case of an emergency as determined by the provider.
2. **Limitation of Damages, Release and Waiver.** In the event of a breach of this contract, your sole remedy under this contract shall be the recovery of the amounts paid to Nutrition Unlocked, LLC under this contract. Unless otherwise prohibited by applicable law, in no event will Nutrition Unlocked, LLC be liable for any non-economic damages or any punitive, special, incidental or consequential damages, and Client hereby releases and waives any claims for such damages. Client hereby waives any right to demand or pursue the remedy of specific performance by Nutrition Unlocked, LLC.
3. **Applicable Law.** This Agreement shall be governed and construed according to the laws of the Commonwealth of Virginia. Client expressly agrees to submit to personal jurisdiction in the Commonwealth of Virginia.
4. **Entire Agreement.** This constitutes the entire agreement between Nutrition Unlocked, LLC and client. A signed copy shall be provided to Client upon request.



5. **Severability.** In the event any provision of this contract shall, to any extent, be deemed invalid or unenforceable, the remainder of this contract shall not be effected thereby, and each term and provision of this contract shall be valid and enforceable.

Privacy:

All session information is confidential as outlined in the Nutrition Unlocked, LLC HIPAA Notice of Privacy Practices, a copy of which has been provided.

Email or text communications are not guaranteed private under HIPAA compliance. The Client may choose to transmit personal health information through these electronic means at his/her own risk. The Client may also indicate a preference to conduct all communications in-person or verbally over the phone.

- I prefer to communicate via email, text messages, or other electronic means at my own risk.
- I prefer to conduct all communications regarding my personal health information in-person or verbally over the phone.

The undersigned has read, understood and agreed to the policies and terms listed in this contract.

Client Printed Name: _____

Date: _____

Client Signature: _____