

# **ON TRACK NUTRITION & FITNESS CONSULTING**



**ON TRACK NUTRITION**

**Katherine Bruno, RD, CPT, CGFI**

*Evidence-Based Nutrition • Fitness • Sustainable Lifestyle Change*

**CLIENT SERVICES AGREEMENT & PRACTICE POLICIES**

**WELCOME**

Thank you for choosing On Track Nutrition & Fitness Consulting. This packet outlines the services, policies, financial responsibilities, and mutual expectations that help create a productive and professional client relationship.

**CLIENT INFORMATION**

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Psychiatrist (if applicable) \_\_\_\_\_

Therapist (if applicable) \_\_\_\_\_

**Address**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**APPOINTMENT POLICY**

Appointments are reserved exclusively for you. Clients are expected to arrive on time. Late arrival may result in a shortened session. Appointments cancelled with less than 24 hours notice may be subject to a \$75 cancellation fee. Failure to attend without notice is considered a no-show.

**FINANCIAL RESPONSIBILITY**

Payment is due at the time of service unless prior arrangements have been made. Invoiced payments due upon receipt. Clients are responsible for understanding insurance benefits, obtaining authorizations, and submitting claims for reimbursement when applicable.

**PROFESSIONAL COMMUNICATION**

Brief administrative communications regarding scheduling and billing are provided at no charge. Extended treatment-related phone calls, emails, care coordination, record review, or document preparation may be billed in 15-minute increments.

**SCOPE OF SERVICES**

Nutrition counseling, wellness guidance, and fitness consultation are educational and supportive services intended to improve health outcomes. These services do not replace medical diagnosis, treatment, or emergency care.

**TELEHEALTH SERVICES**

Telehealth services may be provided through secure electronic platforms. While reasonable safeguards are utilized, electronic communications inherently carry privacy and security risks.

**COORDINATION OF CARE**

With appropriate written authorization, coordination with physicians, therapists, psychiatrists, and other healthcare professionals may occur when it supports treatment goals.

**FEE SCHEDULE**

Service	Fee
Initial Nutrition Consultation (60 min)	\$240
Follow-Up Consultation (40 min)	\$190
Personalized Menu Plan	\$90
Personalized Exercise Plan	\$90
Loved One Forum / Support Group	\$40
Extended Phone / Email Consultation	Standard Rate

**PAYMENT METHODS**

Cash, Check (Payable to Katherine Bruno)
PayPal to ontrack26@gmail.com
Zelle to ontrack26@gmail.com
Venmo to @Kate-Bruno-68
Credit Card   HSA   FSA

**Please use the Credit Card | HSA | FSA on file for payment of services and any applicable fees when payment becomes due.**

Card Number	
Expiration	
CVV (3 or 4 digit code on back)	
Zip Code	

**LIMITATION OF SERVICES AND INFORMED CONSENT**

I understand that nutrition counseling, wellness guidance, and fitness consultation services provided through *On Track Nutrition & Fitness Consulting by Katherine Bruno, RD, CPT, CGFI* are educational and consultative in nature. These services are intended to support informed decision-making and healthy lifestyle changes but are not a substitute for medical diagnosis, treatment, or emergency medical care.

I acknowledge that recommendations provided are based on information I disclose regarding my health history, lifestyle, medications, and medical conditions. I understand that it is my responsibility to provide accurate and complete information and to inform my healthcare providers of significant health concerns.

I understand that individual responses to nutrition, fitness, and lifestyle interventions vary and that no guarantees have been made regarding specific outcomes.

I agree to seek appropriate medical care for any medical condition, emergency, or symptom requiring diagnosis or treatment by a licensed healthcare provider.

**CLIENT RESPONSIBILITY**

I understand that successful outcomes depend in part on my participation, adherence to recommendations, communication with my healthcare providers, and implementation of agreed-upon strategies. I acknowledge that I am responsible for decisions regarding my health, nutrition, exercise, and medical care.

**PHYSICAL ACTIVITY ACKNOWLEDGMENT**

I understand that participation in exercise and physical activity carries inherent risks, including the possibility of injury. I agree to notify my healthcare providers and Katherine Bruno of any medical conditions, injuries, symptoms, or limitations that may affect my ability to safely participate in physical activity. I understand that I may discontinue any exercise or activity if discomfort, pain, dizziness, or other concerning symptoms occur.

**ACKNOWLEDGMENT & CONSENT**

I acknowledge that I have read and understand the policies contained in this agreement. I understand the fees, cancellation policies, financial responsibilities, and scope of services provided by On Track Nutrition & Fitness Consulting.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if applicable)

\_\_\_\_\_  
Date