

Signature Documentation

My signature below indicates that I have reviewed the following documents provided by Bluegrass Nutrition Counseling, Inc.:

- Statement of Agreement
- HIPPA Notice of Privacy Practices
- Authorization to Disclose Information

Date: _____

Client Name (please print): _____

Signature of Client: _____

If Minor, Signature of Parent or Guardian: _____

Please bring this signed form to your initial appointment. Thank you.