

DIET AND FOOD

Have you worked with a nutritionist in the past? ____ Yes ____ No If yes, please describe your experience _____

How is your appetite? Good Poor No appetite Hungry all the time

Do you have any food cravings? ____ Yes ____ No If yes, please describe _____

Who does the grocery shopping in your home? _____ How often? _____

Who does the cooking in your home? _____

How many days a week do you eat out for: Breakfast _____

Lunch _____

Dinner _____

What are your favorite foods? _____

Please list any food allergies/intolerances:

PLEASE DESCRIBE WHAT YOU EAT AND DRINK IN A TYPICAL DAY:

Breakfast	Lunch	Dinner	Snacks	Drinks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXERCISE

What role does exercise play in your life? _____

Are you satisfied with your exercise routine? _____

Are you training for any specific event or have specific exercise goals? _____

SLEEP

How many hours per night do you sleep? _____ Do you feel rested when you wake up? ____ Yes ____ No

Do you have any difficulties sleeping? ____ Yes ____ No If yes, please explain _____

CURRENT MEDICATIONS

Please list any physician prescribed medication, over-the-counter medication, nutritional supplements, herbal or homeopathic remedies that you have taken within the last three months.

NAME	DATE BEGAN	DOSAGE	REASON FOR TAKING

PAST MEDICAL HISTORY

Have you had any major accidents, surgeries and other injuries? ____ Yes ____ No If yes, please describe _____

Do you have a past or present medical condition? ____ Yes ____ No If yes, please describe _____

How is the health of your father? _____

How is the health of your mother? _____

WOMEN'S HEALTH

How often do you menstruate? _____

Are you using birth control? ____ Yes ____ No If yes, what type? _____

Do you experience any PMS symptoms? ____ Yes ____ No If yes, please describe _____

Are you currently trying to conceive? ____ Yes ____ No

Are you currently pregnant? ____ Yes ____ No

ADDITIONAL COMMENTS

Please include anything else about yourself that you would like me to know.

I have read the above information and certify it to be true and hereby authorize Stacey Nussbaum to recommend whatever is necessary for care and management of my concerns.

Signature of client or legal guardian: _____ Date: _____

(MINORS ONLY) List guardian names, addresses and contact information.

Name	Street	State	Zip	Phone
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Name	Street	State	Zip	Phone
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In case of an emergency, please call: _____
Name Relationship

Street	Apt	City	State	Zip	Phone
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Client Agreement and Policies

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Protected Health Information is generally shared by medical facilities and insurance sureties for the care and treatment of the Client. Authorization must be given by the Client (other than minor child) for the release of information to anyone other than medical facilities and your insurance company. Do you wish to authorize anyone, **other than yourself**, to have access to your medical information (i.e.; spouse, child, attorney)? If so, whom?

Name: _____ Relationship: _____

Welcome to OMBE Boston! It is my privilege to take this journey of healing with you. We will work in a partnership as outlined below in our responsibilities:

My Responsibilities: As your nutrition coach, I agree to provide nutrition therapy and counseling to you and to be on time for our appointments. I will keep all information you provide to me in strictest confidence, unless I have an explicit agreement from you that states otherwise (noted above). I will always render my honest and professional expertise to you in providing recommendations for your success and as such, will acknowledge your progress with you.

Your Responsibilities: As the client, you agree to be on time for our appointments and respect the payment schedule we have arranged. OMBE accepts cash, checks, MasterCard and Visa as methods of payment for services. A credit card is required to reserve your appointment. If your check is returned by the bank due to insufficient funds, there will be an additional \$25.00 charge added to your account which you are responsible to pay. You understand that I am not a doctor and my advice is not professional medical advice. You also agree to do your best to accomplish any tasks or "homework" which you have agreed to during our conversations. Working to change behavior and attitudes about one's relationship with food can be challenging, and I ask that you commit yourself to working in that direction. I know your hard work will have a tremendous pay-off for you.

Missed Appointments/Cancellations: If you must cancel or reschedule an appointment, I require at least **24-hours notice**. Please call OMBE (617.447.2222) 24-hours in advance of your scheduled session. If you are unable to provide 24-hours notice for the scheduled appointment, you will be responsible for the full charge of the session.

Packages Policy: The fee structure for nutritional counseling packages reduces the price of each session and is paid in advance to the facility. Should you purchase such a package, there is no refund or credit should you not use all sessions included in this package.

Insurance: While I do not accept insurance for your visit, your insurance company may reimburse you for this visit. It is the insurance company that makes the final determination of your eligibility and insurance benefits for reimbursement. A receipt will be furnished for you upon request. If you wish to submit claims to your insurance company, a detailed description of your visit will be made available to you upon written request.

I have had the opportunity to read and discuss all of the above information, and I fully understand all of its meaning and its terms. I am aware of and accept these policies noted above.

Client Signature

Date

Stacey Nussbaum

Date

OMBE Privacy Policies Notice

This notice describes how your medical information may be used and disclosed, how you can access this information, and how your privacy is being protected at OMBE. OMBE, all health care providers at OMBE, and all associates providing service at OMBE are required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. The privacy of your medical records is important to us and we are committed to protecting your medical records. We create a record of the services you receive at OMBE in a paper chart and on a computer. We need this record to provide you with quality care and to comply with certain legal requirements. In order to maintain the service level that you expect from a health care office, we may need to share limited personal medical and financial information. Your medical records are the property of this health care office, but the information in the medical record belongs to you. This notice also describes your rights and certain duties we have regarding the use and disclosure of medical information.

How OMBE May Use or Disclose Your Health Information

Treatment: We use medical information about you to provide your health care. We may disclose your health care information to other health care providers within our practice for the purpose of treatment, payment or health care operations. On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with OMBE. We may share your medical information with other physicians or other health care providers who will provide services that we do not provide. We may share this information with a physician who will need to treat you, or a laboratory that performs a test.

Payment: We use and disclose medical information about you to obtain payment for the services we provide. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. For example, we may disclose your health information to your insurance provider or a third party for the purpose of payment, to receive prior approval, or to determine whether your plan will cover the treatment.

Workers' Compensation: We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Health Care Operations: We may use and disclose medical information about you to operate this health care practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence, and qualifications of our staff. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud detection and compliance programs. We may also share your medical information with our "business associates", such as our appointment scheduling and billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. Additionally, the health care practice has an open waiting room where patients may be seen by other patients. The secure area around the front desk also has a computer and fax machine that may be visible to the public. This area is limited to OMBE staff and health care providers only and the computer has an automatic screen saver that is activated after two minutes without activity.

Appointment Reminders: We may contact you for appointment reminders. If you are not available, we may leave a message via email, a voicemail inbox, answering machine, or with the person answering your home phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

Notification and Communication with Family: We may disclose your health information to notify a family member or another person responsible for your care about your location and general condition in the event you are sick or injured. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. We may disclose this information in an emergency situation.

Marketing: We may contact you to give you information about products or services, case management, care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We do not disclose your personal contact information including your phone number or email address to any third party for marketing or solicitation.

Required by Law: When the law requires us to report abuse, neglect, domestic violence, we will comply with the relevant legal

requirements. We may, and are sometimes required by local, state, or federal law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Public Health & Safety: We may and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child, elder, or dependent adult abuse or neglect; and reporting domestic violence. We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Special Government Functions: If you are a member of the armed forces, we may release protected health information about you if it relates to military and veteran activities. We may also release your protected health information for national security purposes, protective services for the President, and medical suitability or determinations of the Department of State.

Deceased Persons: We may disclose your health information to coroners, medical examiners, funeral directors, or organizations involved in procuring, banking, or transplanting tissues.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit in our use or disclosure. We reserve the right to accept or reject your request, and will notify you of our decision.

Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable communication requests submitted in writing.

Right to Inspect and Copy: You have the right to inspect and copy your health information. To access your health information, submit a written request detailing the information you want access, inspect, or copy. We will charge a reasonable fee, as allowed by federal law. We may deny your request under limited circumstances. You have the right to appeal our decision if we deny access your child's records in the case that access could cause harm to your child.

Right to Amend or Supplement: You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about OMBE's denial and how you can disagree with the denial within thirty (30) days of receipt of your written request. We may deny your request if we do not have the information, if we did not create the information, if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by this office, except that this office does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in the Treatment, Payment, Health Care Operations, Notification and Communication with Family paragraphs. Additionally, this office does not have to account for disclosures otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this office has received notice from that agency or official that providing this accounting would be likely to impede their activities.

More About OMBE's Privacy Policy

We reserve the right to amend this Privacy Policies Notice at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice will apply to all protected health information that we

maintain. You have the right to request a current copy of this Notice which is maintained on our website and at the front desk. If you would like a more detailed explanation of these rights, to exercise one or more of these rights, or submit any complaints in regards to this Notice, please contact our Privacy Officer, Jessica Molleur. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint without the risk of penalization to: Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.

OMBE Privacy Policies Acknowledgement

I have received, read, and understood OMBE's Privacy Policies Notice. I understand how this health care office and its health care providers may use or disclose my health information. I understand when this health care office may not use or disclose my health information. I understand my health information rights and understand that the office reserves the right to change the Privacy Policies Notice. I also understand how to place a complaint regarding this Notice and have also been provided the opportunity to review and question the privacy policies of this health care office.

Signature of Patient or Authorizes Representative Date