

Reconnect with Food at Inner Door Center a division of Jump Start Consulting, LLC

317 E. Eleven Mile Rd.

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www.reconnectwithfood.com

Name _____ Marital Status _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Telephone _____

E-mail address _____ Soc. Sec. No. _____

Credit Card Number _____ Exp date _____

Health Plan/Phone # _____

Policy Holder _____ Policy # _____ Group # _____

Case Manager/Phone# _____ Employer of policy holder _____

Emergency Contact/Relationship _____ Phone Number _____

Referred by _____ Reason _____

I understand that the staff of Jump Start Consulting, LLC's Reconnect with Food at Inner Door Center are registered dietitians, licensed psychotherapists, creative arts therapists, registered yoga teachers or other healthcare providers. They are not physicians trained to diagnose and treat medical problems, although they are supervised by a licensed psychiatrist who is the medical director of Reconnect with Food at Inner Door Center. I give permission to Jump Start Consulting, LLC to communicate with my healthcare provider (s) in order to coordinate any health advice with my medical history. I agree to keep Jump Start Consulting, LLC informed of any changes in my medical condition. Notwithstanding the foregoing, I acknowledge that I am voluntarily engaging in Jump Start Consulting, LLC's Reconnect with Food® programs. In particular, Jump Start Consulting, LLC has created a method of teaching individuals to improve their relationship with food and my participation in this program is solely for the purposes of being taught in this method. _____

I also understand that the success I achieve in this program strongly depends on my ability to make permanent changes in my eating and exercise behavior. I agree to follow-up with Jump Start Consulting, LLC for scheduled sessions and that there are no refunds at any time or for any reason. I am aware that Jump Start Consulting, LLC makes no claims or warranties regarding the results I should obtain under their direction. _____

I have read and understand all information and policies outlined on www.reconnectwithfood.com and www.innerdoorcenter.com website and would like to enter into a consultation agreement with Jump Start Consulting, LLC and understand my financial responsibilities. _____

Successful medical nutrition therapy, psychotherapy, yoga therapy and self-care education involves behavioral change. This change requires that I keep my scheduled appointments. If I miss any pre-paid sessions without prior arrangements, it will be counted as a completed session as this time could have been used for other patients and encourages my compliance with this program. I understand that no refunds or exchanges will be given at any time before and/or during any future consultations or comprehensive programs. _____

In addition, I agree not to dispute with my credit card company any charges that appear on my credit card statement that I made or agreed to for payments for any of Jump Start Consulting LLC's Reconnect with Food Programs. I give Jump Start Consulting, LLC permission to re-bill my credit card for any current and renewable program that I have agreed to enroll in or any package that I agree to renew once my current package has expired or been used. _____

Payment in full for my participation in any Reconnect with Food® program will be required at the time that I schedule, unless we are in-network with your insurance company, and is non-refundable and non-transferrable. Any amounts due for the program that are not covered by insurance or stipend will be my financial responsibility. If any of my appointments have prior authorization by my insurance company, I authorize payment by my insurance company to Jump Start Consulting, LLC. Any balances not approved or covered by my insurance company are my financial responsibility. _____

I understand that any credit card deposits may be used to pay in advance for scheduled appointments, missed sessions for any reason, unreturned loaned books, returned check fees, tapes or other borrowed property or to pay for any appointments canceled with less than one full week's notice. Jump Start Consulting, LLC may cancel sessions at any time due to unforeseen circumstances. If Jump Start Consulting, LLC cancels the session (s), all participants will be entitled to a rescheduled appointment. _____

Jump Start Consulting, LLC and support staff maintains confidentiality of all patient issues unless we are given permission to communicate with your health care provider, by your signature below or if we feel your issues present a life-threatening situation. _____

This Agreement will be governed by and construed in accordance with the laws of the State of Michigan as applicable to contracts made and to be performed in that state without regard to conflicts of laws principles. The parties irrevocably agree and consent to the exclusive jurisdiction for the resolution of claims, disputes and controversies hereunder of the District Court in Oak Park, Michigan located in Oakland County, Michigan. Any action arising out of or relating in any way to any of the provisions of this Agreement or the transactions contemplated hereby will be brought and maintained in one of such courts. The parties hereby irrevocably waive any objection that they may now have or hereafter acquire to the laying of venue of any such proceeding brought in these courts and any claim that any proceeding brought in any such court has been brought in an inconvenient forum. The parties further agree that a final judgment in any proceeding brought in any of these courts will be conclusive and binding upon them and may be enforced in any court of competent jurisdiction located elsewhere. _____

Your signature indicates your understanding and acceptance of above policy and that you have received a copy. I understand that there are no refunds, at any time, or for any reason, once payment has been made.

Patient Signature or Authorized Representative _____ Date _____ Time _____