



Integrated Health Solutions

Welcome to Healing Horizons Integrated Health Solutions FUNCTIONAL NUTRITION COUNSELING CONSENT

Thank you for choosing Healing Horizons. We look forward to providing quality healthcare to assist you in achieving your health-related goals. To serve you as efficiently as possible, please answer all of the following questions and read and sign all forms. All information will be held in the strictest of confidence.

Name _____ Age _____ DOB _____ M F Marital Status _____ Phone _____

Address _____ City/State _____ Zip _____

Cell _____ If we may send you information, please provide your email _____

Occupation _____ Emergency Contact _____ Relation _____ Phone _____

Who referred you to Healing Horizons? _____ May we thank him/her? Y N

*I voluntarily consent to be treated by Kimberly Brown, Lac, WEMT, at Healing Horizons to provide Nutrition Counseling to myself or the client for which I am legally responsible. The consultation will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle. I acknowledge the purpose of nutritional counseling is to support wellness, a healthy attitude, lifestyle, and diet and that results are not guaranteed.

*I understand that Kimberly Brown is practicing nutrition counseling under her scope of practice as a NCCAOM and Colorado State Certified License of Acupuncture, utilizing her degree, Master of Science in Acupuncture and Oriental Medicine. She will enhance my knowledge of health through food, dietary supplements, and eating behaviors.

*I understand these services are not a substitute for medical care but can be an important complement to my health and disease management. Any information provided is a recommendation for improving health and not a prescription. Nutritional counseling is an important complement to health and disease management, but is not a substitute for medical diagnosis, treatment, or the care of a medical physician. Methods of nutrition evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals.

*I promise to provide a complete and accurate account of any medical conditions that I may have and any medications that I am taking.

*I hereby release and discharge, indemnify, and hold harmless Healing Horizons Integrative Clinic, their officers, agents, employees, and people acting on their behalf, from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I receive from Healing Horizons Integrative Clinic.

*At times you may wish to contact Healing Horizons via email, or vice versa, for communication which may contain protected health information. **Please initial for consent** _____

*I understand that the following providers will be present at Healing Horizons collaborative care meetings in which my care may be discussed: *April Schulte-Barclay, DAOM, LAc; Joseph Ellerin, LAc, LMT, Dip.Hom, CST; Kimberly Brown, LAc, WEMT; Paula King, PhD; Mariel Steel, LMT; April Ordaz, LMT; Judith Olesen, BA; Markus Wettstein, MD, Adam Henby, DC.* I also understand that other methods of collaboration, such as confidential email and private electronic group communication, may be used to coordinate my care in accordance with HIPAA regulations. **Please initial for consent** _____

I understand payment is due at the time of service and I agree to address any financial concerns with Healing Horizons prior to treatment. Healing Horizons gladly accepts cancellations up to 24 hours in advance without penalty. The first late cancel or missed appointment is without penalty. Subsequent late cancel or missed appointments will be charged 100% of the scheduled treatment. Please initial _____

I have carefully read and I understand all of the above information. I am fully aware of what I am signing.

Signature (Patient/Parent/Guardian)

Date

Rev 7/7/2026