

Nutrition RS, LLC

Rita Singer, RD
Registered Dietitian
LIC#: 1011327
NPI#: 1518103027

353 Terhune Ave.
Passaic NJ, 07055
Phone: 862 239 6370
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Practice Policies

APPOINTMENTS AND CANCELLATIONS: Please remember to cancel or reschedule 48 hours in advance. **You will be responsible for a \$50 fee if cancellation is less than 24 hours in advance or if you do not show up for your appointment.** This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. If an emergency occurs, please notify the provider ASAP.

A \$25 service charge will be charged for any checks returned or bounced for any reason.

PAYMENT: Nutrition RS, LLC accepts cash, check, paypal, zelle or credit card. If you owe the \$50 fee as outlined above, please pay late fee promptly within one week. Outstanding balances are expected to be paid within 30 days. All accounts overdue more than 60 days are subject to being sent to collections.

TELEPHONE ACCESSIBILITY If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. Coverage for phone or video sessions may not be covered by your insurance provider. If a true emergency situation arises, please call 911 or any local emergency room.

ELECTRONIC COMMUNICATION I cannot ensure the confidentiality of any form of communication through electronic media, including email and text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. Please note that insurance will not cover services via email or text. If deemed necessary, we will charge for email assistance.

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to treatment, better continuity of care, and reduction of

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lost work time and travel costs. Effective treatment is often facilitated when the healthcare provider gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. The provider may make assessments and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in services, potential risks include, but are not limited to the provider's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, gait and motor coordination, posture, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body.

MINORS

If you are a minor, your parents may be legally entitled to some information about your treatment. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. I may terminate treatment after appropriate communication with you if I determine that the treatment is not being effectively used or if you are in default on payment.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature

Name