



Authorization & Disclaimer

I hereby authorize Chen Ben Asher, to perform a nutritional analysis procedure and evaluation, and develop for me a suggested nutritional health and wellness program. I warrant that all information submitted for analysis and evaluation was submitted by me and is true to the best of my knowledge and belief.

I understand that any analysis performed by her is for the purpose of monitoring my progress in improving my nutritional status and not for the purpose of diagnosis and/or treatment.

I acknowledge that the nutritional analysis procedure, evaluation and the suggested nutritional health and wellness program are not for diagnosis, treatments, alleviation, mitigation or care for any disease or illness of any kind in any way, but it is for the sole purpose of improving my personal nutrition status. I also authorize Chen Ben Asher to release pertinent information from my file to my physician.

Furthermore, I agree that all of the information I receive from Chen Ben Asher is for the sole use of me, my immediate family and my healthcare team; and that no part of this information may be reproduced, stored in or introduced into a retrieval system, or transmitted, in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of Chen Ben Asher.

This form is a release of potential liability. I agree to hold Chen Ben Asher harmless for claims or damages in connection with our work together.

My signature below confirms I have read, fully understand, and agree to all the above statements and agreements.

Client Name

Date

Client Signature

Date

Please provide the following information:

Home Phone Number: _____ Mailing Address: _____

Mobile Phone Number: _____ mail: _____

Date of Birthday _____

Chen Ben-Asher

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