



Practice Policies

Practice Information

Madeline Gibson Nutrition

Madeline Gibson, MS, RD

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Practice Policies

Appointments and Cancellations

If you cannot keep your appointment, please make every effort to cancel or reschedule at least 12 hours in advance. You can cancel or reschedule by: sending me an email at madelinemgibson.rd@gmail.com or canceling/rescheduling with the tools available on the Carepatron platform.

Appointments rescheduled or canceled at least 12 hours in advance will be refunded in full. Appointments rescheduled or canceled within 12 hours before the appointment may be subject to a 50% cancellation fee.

Appointments are reserved for a standard amount of time (75 minutes for initial intake sessions, 45 minutes for follow-up sessions and most group sessions) that is visible when you book. If you are late for an appointment, you may lose some of that session time.

Consent to Use Telehealth Services by Carepatron

Telehealth by Carepatron is the technology service that we will use to conduct telehealth

- Telehealth by Carepatron is not an emergency service and in the event of an emergency, I will use a phone to call your local emergency telephone number.
- Though you and I may be in direct, virtual contact through the Telehealth service, neither Carepatron nor the telehealth service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
- The Telehealth service by Carepatron facilitates videoconferencing and is not responsible for the delivery of any healthcare, health advice or care.
- To maintain confidentiality, you will not share your Telehealth appointment link with anyone unauthorized to attend the appointment.
- You can ask me (Madeline) questions about the Telehealth platform and I will make every effort to find the answer. However, I may not have access to all of the technical information behind the platform.

Electronic Payment Authorization

By your electronic signature of this form, you authorize charges to your credit card or other electronic payment method through Stripe via Carepatron for services rendered. These charges will appear on your bank/credit card statement as "MADELINEMGIBSON.COM." You have the right to request a paper copy of this document.

I authorize Madeline Gibson Nutrition to charge my credit card or other electronic payment method as mentioned above.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Madeline Gibson Nutrition in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card or other electronic payment method and will not dispute these transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

Contacting me

If you need to contact me between sessions, please send me an email at madelinemgibson.rd@gmail.com or a secure message via Carepatron. I will make every effort to reply within 24 hours. Note that email may not be a secure way of discussing specific health concerns, so secure messaging may be a better choice if the message contains sensitive content, and I may choose to reply to an email with a secure message or phone call.

Safety

I am a registered dietitian providing nutrition coaching, not medical nutrition therapy (so specific medical conditions may not be able to be addressed). I am not a provider of any emergency medical services. To ensure your safety, please consult your physician before making changes to your health routines. If you experience an emergency medical situation, please call your local emergency services or visit a local emergency room.

Thank you

Thank you for reading these policies. I look forward to working with you! Please let me know if you have any questions.

By signing below, I am agreeing that I have read, understood and agree to the

Signature: *



Name: *

Date: *