

**Agreement to Terms of Telephone Consultation(s)
with Dr. Gina S. Honeyman, DC through Fundamental Physiology, LLC**

My name is (please print) _____ . This form with my signature is my agreement to the terms of telephone consultation(s) with Dr. Gina S. Honeyman, DC through Fundamental Physiology, LLC.

I understand the following: (1) Unless Dr. Honeyman has examined me in her clinic or via mobile diagnostic services, I don't have a doctor/patient relationship with her. Instead, my relationship with her is a *health education and counseling relationship* conducted through telephone consultations. Telephone consulting does not establish Dr. Honeyman as my primary care clinician. (2) Dr. Honeyman is available to answer questions only during scheduled consultation times.

Charges for Consultations: I will fax this form containing my contact information, credit card number (*Visa or MasterCard only*), expiration date, and signature to Fundamental Physiology, LLC. If I prefer not to fax my entire credit card number, I'll write the last 5 digits, expiration date, and sign my name in the appropriate space. After a telephone consultation with Dr. Honeyman, I agree to my credit card being charged for the telephone consulting fee and any other fees I agree to during the consultation. The fee for consulting will be the appropriate dollar amount for the cumulative time of the consultation. The rate is \$3.00 per minute.

Canceling an Appointment: If I need to reschedule or cancel my appointment for a telephone consultation, I agree to notify Fundamental Physiology, LLC a minimum of twenty-four (24) hours before the scheduled appointment. If my appointment is on Monday, I will phone, email, or fax to reschedule or cancel on the Friday before. If I fail to reschedule or cancel twenty-four (24) hours before the appointment time, or if I don't phone Fundamental Physiology, LLC at my appointment time and engage in the scheduled consultation, I understand that my credit card will be charged \$90.00 for thirty (30) minutes of consultation time.

Health History & Lab Results: I understand that before my telephone consultation(s), I'm free to provide Fundamental Physiology, LLC with a maximum of six (6) pages of health history and related health records to be reviewed by Dr. Honeyman. I'll send these by fax to 1.888.728.3490. If I send lab reports via email I'll attach them in pdf format only.

Dispute Resolution: I understand that the terms of this agreement may be enforced against any person or entity associated with Fundamental Physiology, LLC only in Boulder County in the state of Colorado, United States of America, and under the internal laws of the State of Colorado, the jurisdiction of which I agree to submit.

The contents of this form constitute the complete agreement between Fundamental Physiology, LLC and me for telephone consultations, and when I sign the agreement, the terms of the agreement will apply to any telephone consultation.

Faxing this Form & Scheduling an Appointment: After filling in the spaces below, I'll sign this form and fax it to 1.888.728.3490. If I have not already scheduled my telephone consultation, I'll phone Fundamental Physiology, LLC at 303.413.9100 or send an email to info@funphysio.com to set the date and time of my appointment. At the scheduled time of my consultation, I'll call Dr. Honeyman at 303.413.9100.

Signature: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Cell Phone: _____ E-mail Address: _____

Credit Card Type: Visa or MasterCard Number: _____

Name on Card _____ ExpirationDate: _____

Name of card holder if not your own (*Please print*): _____

Signature of card holder (if not your own): _____ Date: _____