

**Agreement to Terms of Telephone Consultation(s) With Dr. Gina S. Honeyman  
Through the Center for Metabolic Health, 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 through the Center for Metabolic Health, LLC (“the Center”).

**I understand the following:** (1) Unless Dr. Honeyman has examined me in her clinic, I don’t have a doctor/patient relationship with her. Instead, my relationship with her is a *health education and counseling relationship* conducted through long-distance consultations. Long-distance consulting does not establish Dr. Honeyman as your 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, expiration date, and signature to the Center. If I prefer not to fax my credit card information, I’ll provide it when I schedule my appointment by phone. 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:** To reschedule or cancel my appointment for a telephone consultation, I agree to notify the Center at least twenty-four (24) hours before the scheduled appointment. If my appointment is on Monday, I will phone 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 the Center for Metabolic Health, LLC at my appointment time and undergo the scheduled consultation, I understand that my credit card will be charged \$90.00 for the thirty (30) minute minimum consultation time.

**Health History & Lab Results:** I understand that before my telephone consultation(s), I’m free to provide the Center 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 303-938-1265.

**Dispute Resolution:** I understand that the terms of this agreement may be enforced against any person or entity associated with the Center for Metabolic Health, 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 The Center for Metabolic Health, 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 lines below, I’ll sign this form and fax it to 303-938-1265. If I have not already scheduled my telephone consultation, I’ll phone the Center at 303-413-9100 to set the day and time of my appointment. At the time of my consultation, I’ll phone the dedicated consultation phone line of the Center for Metabolic Health, LLC. The number is 303-413-9101.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of card holder if not your own (Please print): \_\_\_\_\_

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