

**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. 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. Dr. Honeyman respects my privacy and confidentiality as if I were a patient. (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 Fundamental Physiology, LLC. If I prefer not to fax my entire credit card number, I'll write the last 5 digits and sign my name in the appropriate space. When I schedule my appointment by phone I will give the rest of the number and expiration date. 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 \$4.00 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 telephone, 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 \$120.00 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 lab test reports, my health history, and any related health records. I'll send these via fax to 1.888.728.3490 or as pdf files only via email to info@funphysio.com.

**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, 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 Dr. Honeyman, Fundamental Physiology, LLC and me for the purpose of telephone consultations, and when I sign the agreement, the terms of the agreement will apply to any telephone consultation. Consultations over Skype or any other form of electronic or digital communication are covered by this agreement.

**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 or email as a pdf file only to info@funphysio.com. If I have not already scheduled my consultation, I'll call Fundamental Physiology, LLC at 303.413.9100 or email info@funphysio.com to set the date and time of my appointment. At the time scheduled for my consultation, I'll call Dr. Honeyman at 303.413.9100 or call ginahoneyman via Skype. (*Please give advanced notice if you want to use Skype.*)

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

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

Name on Card (*Please print*) \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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

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