



Informed Consent

Business Policies

Please read, fill in blanks, and sign all three pages, then USPS mail Originals to A.C.N. within 24 hours.

An **Informed Consent** communicates policies and procedures of **Advanced Clinical Nutrition (A.C.N.)**, so we may provide our services with clarity and your "consent." This Informed Consent is about our Business Policies, which are also established to communicate both our and the client's responsibilities and procedures, so we may maintain a healthy working relationship and provide timely and efficient services. Therefore,

1. The term "products" represents any tangible item for sale, whether it is a book, personal care product, appliance, health equipment, supplement, lab report, article, e-book, etc.
2. Payment may be made by Visa, MasterCard or Discover cards only (credit, debit, check card or travel cards). Clients are sent an email receipt at time of payment through Authorize.Net.
3. Payment of services and products are pre-paid, such as Lab Requisitions; Lab Kits; Analysis Fees; Nutritional On-site Tests, Exams and Evaluations; Questionnaires for Evaluations; Books; PEP Articles; e-Books; therapeutic and maintenance supplements; personal care, household or other products; appliances, health equipment, and/or Special and Back Orders. No billing or monthly payment plans provided. Paid Invoices accompany products invoiced.
4. Payment of consultations is due at the conclusion of the appointment, once total consultation time has been established. Paid Invoices are emailed to clients. Consultations may also be pre-paid. However, if consultation time extends beyond amount pre-paid, payment is due for the balance when appointment has concluded. Paid Invoices will be emailed to clients following consultation appointment. If a client's computer is unable to open emailed invoices, client will simply click the REPLY button to send back the email. This will communicate to A.C.N. to scan and email a PDF copy of the invoice to the client as soon as possible.
5. Clients without email or email access will receive paid invoices as receipts, which will be USPS mailed for consultations and/or included with shipment of product(s) purchased. This includes copies of policies posted on website and client announcements. However, since emails are free services and access to a computer at the library or a friend or family members is a solution for clients who do not own a computer, clients are asked to provide email address and check for A.C.N. emails at least once weekly.
6. A.C.N. has a right to charge a minimum of \$30 for any payment that results in a card chargeback, stop payment, insufficient funds or other purpose, in addition to administrative or processing fees.

My signature below acknowledges that I read, understood, and agree to adhere to the policies on the "Informed Consent – Business Policies" (Page 1 of 3) and I am retaining the clinical nutrition ministry services of **Advanced Clinical Nutrition (A.C.N.)**. I agree to re-read all policy documents thus limiting direct policy questions to rulings not included in their written policies. I understand that lack of adherence to policies listed in #19 on page 3 is subject to termination of services and all policies are upheld without exception.

DATE: _____ CLIENT SIGNATURE: _____ BIRTHDATE: _____
(If client is a minor, sign as follows: Sign Child's Name BY Parent or Legal Guardian's Name.)

PRINT FULL NAME: _____ DAY PHONE: _____

CARD BILLING ADDRESS: _____ CITY/STATE _____ ZIPCODE _____



Informed Consent

Business Policies

Please read, fill in blanks, and sign all three pages, then USPS mail Originals to A.C.N. within 24 hours.

7. Client documents, such as completed A.C.N. questionnaires and forms, medical or other documents, may be sent to A.C.N. by fax, U.S. mail or email. Should I send any document by fax or U.S. mail, I agree to notify A.C.N. by email so that I can receive confirmation of their receiving documents. Also, if A.C.N. did not receive them, they would have no way of knowing they were sent if I did not notify them by email and this can cause delays in receiving my services or products.
8. Nutritional Evaluations and/or Laboratory Reports cannot be released to client until their A.C.N.-related questionnaire(s) have been received timely and complete, reports have been analyzed with questionnaires, and client has scheduled and agreed to be present at the **Report of Findings (RF) Consultation** appointment. This policy applies to all clients, except, children 11 years or younger are not required to be present at consultation(s).
9. It is the client's responsibility to add the scores for totals, sub-totals and grand totals on all questionnaires submitted for evaluation. Otherwise, a fee of \$1/minute will be charged to add the scores for the client.
10. Lab Requisitions, Lab Kits, Analysis Fees, Questionnaires for Evaluations, Books, Clinically-formulated, therapeutic/maintenance supplements and/or products affected by temperatures, **cannot be returned or refunded**. No exceptions.
11. A "returnable" product is any product that is not subject to temperatures and is not listed in #10 above. Returns must be approved through an Administrative Telephone Consultation with Dr. Smith. Dr. Smith will also designate the postal carrier by which approved products may be returned, which depends upon the type of products being returned.
12. Approved returnable products must be in good condition (e.g., seal intact, not damaged) and returned through the designated postal carrier within 14 days of purchase date to receive credit refund or return is denied.
13. Approved returnable products will incur a \$10 or 20% of payment (whichever is greater) Refund, Return Processing or Restocking Fee, whichever is applicable.
14. Only Credit Refunds are provided and credit will be applied to the client's next invoice.

My signature below acknowledges that I read, understood, and agree to adhere to the policies on the "Informed Consent – Business Policies" (Page 2 of 3) and I am retaining the clinical nutrition ministry services of **Advanced Clinical Nutrition (A.C.N.)**. I agree to re-read all policy documents for answers before contacting A.C.N., thus limiting direct policy questions to rulings not included in their written policies. I understand that lack of adherence to policies listed in #19 on page 3 is subject to termination of services and all policies are upheld without exception.

DATE: _____ CLIENT SIGNATURE: _____ PRINT FULL NAME: _____
(If client is a minor, sign as follows: Sign Child's Name BY Parent or Legal Guardian's Name.)



Informed Consent

Business Policies

Please read, fill in blanks, and sign all three pages, then USPS mail Originals to A.C.N. within 24 hours.

15. Postal Packages returned unopened or an unapproved return of any product(s) are denied. Returnable products need consultation with Dr. Smith first to approve return.
16. Products are considered received undamaged and complete, if client has not communicated with A.C.N. within 24 hours from date received. If client will be out of town on receive date, client is responsible to make arrangement for a different receive date.
17. At least 48-hour notice to reschedule or cancel an appointment is required to avoid incurring a charge of 50% of the pre-scheduled appointment fee. Reminder First Time; Reoccurrence Policy upheld.
18. Though we endeavor to provide advanced notice regarding price changes. Should prices change without notice, current prices are invoiced.
19. I acknowledge that to help Dr. Smith assist others in understanding the healing potential that is possible through clinical nutrition therapy, my case history and success stories may be shared with others and to protect my privacy and assure confidentiality, my name is not shared.
20. Documents titled as "Guidelines" or "Procedures" are also policies. Policies include **the Informed Consent-Clinical Nutrition Program, Informed Consent – Business Policies, Auto-Ship Policies and Auto-Ship Schedule, Free and Fee-Based Email and Telephone Consultation Guidelines and Procedures (1, 2, & 3 of 3)**. Regarding the **Informed Consents (Clinical Nutrition Program and Business Policies)**, signature on each page and return by USPS is required for new clients prior to receiving services beyond the initial Lab Tests and HAC Report. Clients are notified through **Client Only Email Announcements** when new and updated Policies and Procedures are posted on the **"Policies and Procedures"** web page. If a client does not have email or internet service, copies of policies and procedures will be USPS mailed. Though signature is not be required on updated Informed Consents or initial, new and updated other policies, clients are responsible to stay current and adhere to all policies, whether they have taken time to read them or not.
21. In the event of discontinuation of services, clients are required to provide a) in writing, their intentions (providing reason is appreciated also) b) required to complete a HAC Questionnaire and c) have a Closure Telephone Consultation with Dr. Smith (both at no charge) in order to discontinue services in good standing. HAC Report provides both client and Dr. Smith with an symptoms evaluation at time of closure and Consultation provides client with information on how to wean off therapeutic supplements, as to not upset biochemistry, as well as what to expect physically when supplement program is discontinued prematurely, i.e., before optimal healing attained.

My signature below acknowledges that I read, understood, and agree to adhere to the policies on the "Informed Consent – Business Policies" (Page 3 of 3) and I am retaining the clinical nutrition ministry services of **Advanced Clinical Nutrition (A.C.N.)**. I agree to re-read all policy documents for answers before contacting A.C.N., thus limiting direct policy questions to rulings not included in their written policies. I understand that lack of adherence to policies listed in #19 above is subject to termination of services and all policies are upheld without exception.

DATE: _____ CLIENT SIGNATURE: _____ PRINT FULL NAME: _____
(If client is a minor, sign as follows: Sign Child's Name BY Parent or Legal Guardian's Name.)