

Dr. Ettinger's Distance Client Program

Step One:

- In case you wish to consult with me, I will need all of your past and/or present labs tests, and all of the intake forms in advance.
- You may send them electronically or by standard mail.
- Only having read your documentation will I be able to determine if there enough data for me to be able to properly assist you.
- If everything is in order, I will then contact you to set up our consultation.
- If your tests are not thorough enough or recent enough, additional testing will need to be done. All testing is done at my cash rate. Basically, you pay what I pay. You may also get testing done on your own. I will provide you with the tests that should be ordered.
- Once the appointment is set you will be asked to prepay for your consultation.

Step Two: Read, print and fill out ALL of the forms below, **completely**. Initial where indicated. When done, scan and email them to info@advancedhealing.com or mail them to 630 S. Glassell St. #103, Orange, CA 92866.

1. [Natural Health Consultant Informed Consent](#)
2. [Metabolic Assessment Form](#)
3. [Three Day Food Diary](#) (please list any supplements or medications you are taking).
4. [BioHealth Diagnostics Survey](#)
5. Include any applicable laboratory tests (blood, urine, stool and/or saliva).

After I receive the above data, I may/may not request additional tests that will be needed to help me, help you. If additional testing is required, I will contact you to discuss this. All testing is done at my cost – no markup! (The USA only - I cannot order tests outside of the USA). When I receive all of the data needed, I will contact you to schedule our initial consult, which is designed to get an in-depth history and ask questions based on the data you have sent me.

Initial _____

Consultation

Your initial consultation is a (90 minute) appointment block - \$450 USA*. If I need more time before or after the consultation, for research or to complete your protocol, there will no additional charge to you.

- **20 minute for review of all records/forms/tests and any needed preparation or research for our consultation.**
- **45 minutes actual phone time.**
- **25 minutes to research/write your personalized treatment protocol (diet, supplements...).** This will be sent via e-mail. Coming up with your individualized plan may take me a few days, especially if your case is very complex. Please be patient. I want to help you and I will not take any shortcuts with your health.

Initial _____

Follow Up Email and/or Phone Support

E-mail questions that require only a 'yes' or 'no' answers are free.

Additional time spent on the phone or through e-mail will be \$88 per 15-minute block of time (This is my in office charge as well). Please be mindful of this. You can purchase blocks of time via credit card or PayPal, and receive a graduated discount. On average, most clients use between 30 and 60 minutes for fine tuning and support. This fee can't be used for products. Any unused time may be refunded. This will be prorated to the amount of time used, and may not be at the original (discounted) time rate you purchased.

15-minute blocks of time - \$88

30-minute blocks of time - \$133 (20% discount)

60-minute blocks of time - \$229 (35% discount)

1. If not paying via PayPal, your credit card will be billed accordingly, with the time spent for each email response added to the email response.
2. You will need to keep a credit card on file if you are not paying via PayPal.
3. I will not bill your card without prior authorization and not until at least 15 minutes of my time has accumulated.
4. Your initials below are granting me authorization to bill your credit card for time spent responding to your email inquiries that require more than a yes or no answer, or phone time, and amount to at least 15 minutes or longer.

Initial _____

Follow-Up Consultations

Follow-up consultations are scheduled at two weeks or one-month intervals or as needed. Fee's are based on time. Please see the above paragraph.

Initial _____

Nutritional Supplementation

Nutritional supplementation and applicable shipping costs are an additional charge. I do not ship outside of the USA. **THERE ARE "NO" RETURNS OR REFUNDS ON PRODUCTS ONCE SHIPPED.**

Initial _____

Informed Consent for Telehealth Consultations

To better serve the needs of people in my community and abroad, I now offer health, lifestyle lab interpretation, and nutritional supplementation consulting services, through interactive telecommunications and/or by the electronic transmission of information. This is designed to assist you in the proper evaluation, diagnosis, management, and treatment of a number of healthcare problems. This process is referred to as "telemedicine" or "telehealth." This means

that you may be evaluated by me from a distant location. Since this may be different than the type of consultation with which you are familiar, it is important that you understand and agree to the following statements.

1. I, the healthcare consultant, will be at a different location from you.
2. I, Dr. Ettinger, may keep a record of the consultation.
3. RELEASE OF INFORMATION: () is authorized to release information from my medical record to any other health care facility or provider to which my care may be transferred.
4. I, the client, voluntarily consent to receive health consultations or services provided by Dr. Ettinger, which may include diagnostic tests, supplements, dietary recommendations and exercise recommendations.
5. I, the client, understand that it is my responsibility to make arrangements for all follow-up consultations.
6. I, Dr. Ettinger, will not share or release any of your personal information without your prior written consent.

FINANCIAL RESPONSIBILITY

In consideration of the telehealth services rendered to me, I agree to pay for Dr. Ettinger's time incurred by me during my consultations with him, and any products I may purchase.

Please write clearly

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-Mail: _____

Married: ___ Single: ___ Children 1, 2, 3, 4, 5, ___ Ages: _____

Occupation: _____

Please sign and date below to signify that you have read this page completely and agree with its terms. No warranties or guarantees are given or implied.

Signature: _____ Date: _____