

Authorization and Consent for Functional Medicine and Nutritional Program

The following agreement sets forth the obligations I assume in consideration for the functional medicine and nutritional information to be provided to me by Advanced Chiropractic Health Center, doctors, and staff (ACHC) authorized by ACHC in connection with the Functional Medicine and Nutritional Program. I (patient/patient representative) acknowledge and agree to be bound by its terms. I acknowledge and agree that information, support, and guidance that I am provided by ACHC is not medical advice and does not, and is not intended to, replace medical advice and it is solely my choice whether to change my eating, diet, and lifestyle habits.

I acknowledge that everybody's body is different and, therefore, ACHC cannot guarantee any specific results. I take full responsibility for any changes in my eating and lifestyle habits I choose to make. I acknowledge and agree that the Functional Medicine and Nutritional Program does not provide medical advice and is not a substitute for medical advice. I acknowledge and agree that it is solely my responsibility to obtain specific medical advice from a physician prior to, during and/or after the Functional Medicine and Nutritional Program especially if I am taking medication. I understand it is my sole responsibility to consult with a physician before changing my diet and lifestyle habits.

I acknowledge and agree with the information provided and anything I learn during the Functional Medicine and Nutritional Program is not intended to diagnose any disease or condition or replace any prescribed treatment that I am currently undergoing. Rather, ACHC will provide education to enhance my knowledge of health as it relates to foods, dietary supplements, and lifestyle behaviors. I hereby release ACHC from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by ACHC and further agree that if, despite this release and waiver of liability I, or anyone on my behalf, makes a claim against ACHC, I will indemnify, save and hold harmless ACHC for litigation expenses, attorneys' fees, losses, liability, damages, or costs which may be incurred as the result of such claim. I acknowledge that I have been given the opportunity to ask any questions. I understand the ultimate decision is my responsibility. By signing and submitting this form, I agree I have read and fully understand the above information, the elements of my informed consent and my rights and responsibilities.

Testing and Supplement Release

Blood, urine, saliva, gene, bioenergetic, muscle and reflex testing, symptom and other surveys, and these results as well as nutritional, homeopathic, acupuncture and supplement recommendations are not meant as diagnoses, treatment and replacement for medical care, and as such are not evaluated by FDA or intended to supersede medical diagnostics, advice or management.

Although rare, patients are requested to immediately notify our doctors and stop dietary, nutritional, homeopathic and supplement recommendations upon any adverse reactions.

Patient Signature: _____ Date _____

Witness: _____