

Dr. Effinger's Distance Consultation Program

Step One:

1. I will first need all of your past and/or present labs tests, and all of the intake forms in advance. You may send them electronically (sibodoctor@gmail.com) or by standard mail. 630 S. Glassell St #103. Orange, CA 92866
2. Only after reviewing your documentation will I be able to determine if there enough data for us to successfully work together.
3. If everything is in order, I will then contact you to set up our consultation.
4. If your lab tests are not thorough enough or recent enough, additional testing may need to be done. If you need help ordering tests, I can assist in that. All testing ordered will be 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.
5. I cannot order tests in the states of MA, NY, NJ or RI, or outside of the USA.
6. Once the appointment is set you will be asked to prepay for your consultation, to hold your appointment time.

Initial _____

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).

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, lifestyle modification...).** 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.

[Complete Email and Phone Policy - Effective 01-September 2017](#)

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 60 - 90 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). This discount will also apply to any amount of time bought after your first 60 minute block of time is purchased.

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 will be scheduled at the end of our initial phone consultation. These are usually done at 7-14 day intervals and depend of how much ground we need to cover. Fee's are based on time used and blocks of time purchased. 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, REFUNDS or REPLACEMENTS ON PRODUCTS ONCE SHIPPED.** Once a product is mailed via USPS, I accept no future liability as far as the product being lost, stolen, damaged or not received. You will receive a USPS confirmation number.

Initial _____

Informed Consent for Phone or Skype Consultations

To better serve the needs of people in my community and abroad, I know offer health, lifestyle lab interpretation, and nutritional supplementation consulting services, through interactive telecommunications and/or by the electronic transmission of information. This process is commonly known as “telemedicine” or “telehealth.” This means that you may consult with 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 consultant, will be at a different location from you.
2. I may keep a record of the consultation.
3. 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.
4. I, the client, understand that it is my responsibility to make arrangements for all follow-up consultations.
5. 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: _____