

NOTICE OF UNDERSTANDING AND AGREEMENT:

I hereby attest to the following:

1. I fully understand that the Integrative Health Consultant I am seeing is not a physician, and I am not consulting for medical, diagnostic, or treatment procedures.
2. The services performed by the Integrative Health Consultant are at all times restricted to helping me gain a better understanding of my degree of "health" (not disease), so I will have a greater self-awareness and be able to use a self-care program for daily living.
3. I understand that the recommendations, discussion, sale of food, nutrition, nutritional supplements, vitamins or minerals, food grade herbs, or other nutrients as foods for special dietary use only pertains to the whole body concept of nutrition, and does not relate in the context of any specific ailment or condition.
4. The consultation sessions do not involve the diagnosing, prognosticating, treating or prescribing of medicines or the treatment of disease, or any act which will constitute the practice of medicine in this state, for which a license is required.

Signature _____ Date _____

Print name _____

Referred By _____

FINANCIAL AGREEMENT

I understand that, unless other arrangements have been made, all services are rendered on a cash or check basis. Since Dr. Davidson will spend a considerable amount of his time reviewing my files prior to the date of the consultation session, I agree to pay for each session at least 1 day (24 hours) prior to the session. I understand that appointments may be rescheduled or cancelled for a full refund 24 hours prior to their agreed upon date and time at no additional cost to me. I understand that cancelling an appointment for a refund less than 24 hours prior to its agreed upon date and time will result in an additional fee of 30% of the consultation fee. I understand that rescheduling an appointment less than 24 hours prior to its agreed upon date and time may be done once at no additional cost to me, but will result in an additional fee of 30% of the consultation fee if done more than one time. I understand and agree that in the rare event that it is desirable to return supplements, that they cannot be returned to Dr. Davidson for a refund, but must be returned directly to the supplement distributor(s) as permitted by the distributor(s), and all returns must comply with the refund policies detailed on the distributor(s)' website(s) of the supplements in question. I also agree to the \$20 returned check charge in the event that my check is returned.

Signature _____ Date _____