

Informed Consent for Nutritional Consultation

R. Freiberg, CNC, CCMH and C. Freiberg, QRA Advanced Nutritional Programs

I acknowledge that R. Freiberg and C. Freiberg provide nutritional and other health related information to help me maintain my best health. R. Freiberg and C. Freiberg will help me determine where my body needs nutritional support. All recommendations are designed to help me maintain and enjoy my ideal state of health through personalized recommendations in lifestyle, exercise, health habits and advanced nutrition.

I understand that R. Freiberg and C. Freiberg do not diagnose, treat, cure or claim to cure cancer or any other disease.

Consultation Fees: The consultation fee for R. Freiberg and C. Freiberg is \$275.00 per hour, based on a 50-minute hour. The initial visit typically takes approximately 90 minutes. which includes a thorough review of the present nutritional concerns and an advanced, comprehensive nutritional program including recommended state-of-the-art nutritional supplements. Nutritional testing will be performed to pinpoint special body needs. In addition, QRA Bi Digital O-Ring testing may be used to help identify specific needs and interference fields.

The cost of the initial evaluation is \$450. A \$50 non-refundable deposit is due at the time of booking and will be applied to the cost of the initial evaluation.

Follow-up appointments are generally recommended at 4–8-week intervals and average 50 minutes per session, depending on the extent of each client’s needs and concerns. In special cases, weekly appointments may be recommended.

Nutritional supplement purchases: I understand that the cost of nutritional supplements is separate from consultation fees.

Returned checks: If paying by check, I understand that an additional \$30.00 processing fee will be assessed for each returned check or stop payment check.

Cancellations: A \$50 fee will be billed or charged to the credit card on file for appointments cancelled less than 24 hours in advance.

Missed appointments: The full office visit fee will be charged to the card on file for missed appointments with no notice of cancellation.

Client Name

Witness Name

Client Signature

Witness Signature

Date

Date