

**Consent to Coaching Session with Dr. Richard Shames**

I, \_\_\_\_\_, fully understand that this form constitutes my agreement to purchase a 50-minute health coaching session from Richard Shames MD. I agree to work directly and regularly with a primary care doctor in my local vicinity, who will manage my ongoing medical care. I understand that Dr. Shames' health coaching services do not replace individual medical care in any way, but instead constitute a health education opportunity – not the diagnosis and treatment of an illness. I understand that Dr. Shames is not available for questions except during scheduled follow-up phone appointments.

I further agree that at the time of faxing this form, with my credit card number and signature on it, my credit card will be charged \$270 (\$170 for a 25 minute re-consult) to hold an appointment slot for me, and that I will then call 415-472-2343 between 9am-5pm (PST) to schedule the exact time of the appointment (**Coaching Sessions are scheduled for Mondays or Tuesdays**). It is further understood that should I need to later change my appointment time, I will have one opportunity to reschedule without a fee, as long as I have called to reschedule more than 72 hours in advance(3 days). (NOTE: You must cancel by Thursday/Friday before the time you are scheduled on the following Monday/Tuesday respectively.) **I understand that once my form is faxed and my credit card charged, there will be no refunds only possible re-scheduling.**

I understand that I will also be able to fax a maximum of six (6) pages of lab results, to be reviewed by Dr. Shames.

I understand that if I for some reason miss my scheduled discussion appointment, or have to cancel with less than 3 days notice, I am still liable for the \$270 fee. I will call to reschedule, and understand that Dr. Shames will make every effort to save time for a 25 – minute make-up session as soon as possible after my cancellation, but that there is no guarantee that I will be able to be scheduled without having to pay for another coaching session.

I understand that Dr. Shames is not available for questions except during scheduled follow-up phone appointments.

I understand that by signing this contract, I am bound to pay for informational educational services only, and will so do and submit to the jurisdiction of the State of California where the information is disseminated. I have supplied a witness signature, my credit card number, as well as my own signature below.

This contract may only be enforced against all persons and entities associated with Thyroid Power in the state of California, County of Marin, and under the internal laws of the state of CA. This constitutes the complete contract between myself and Thyroid Power for telephone discussion only.

Nothing in Thyroid Power e-mail communications nor in Thyroid Power web pages should be construed as medical diagnosis or treatment. No doctor-patient relationship is established by these e-mail or telephone contacts. I agree to consult with my own doctor for diagnosis and treatment specific to my particular case. For a full disclaimer, see: <http://www.thyroidpower.com/disclaimer.html>.

To schedule your 50-minute session, fill out the Thyroid Coaching Session Request Form now. All lines must be filled in below, and must have a witness signature to be processed. Fax it to: 415-472-7636. Then call 415-472-2343 between 9am-5pm (PST) to schedule a Monday/Tuesday appointment for your coaching session with Dr. Shames. **YOU** will be given a phone number for **YOU** to call Dr. Shames at your appointment time! **NO MEDICARE BILLING OR REIMBURSEMENT IS POSSIBLE.**

Name \_\_\_\_\_ Signature and Date \_\_\_\_\_

Print Witness Name \_\_\_\_\_ Witness Signature and Date \_\_\_\_\_

Name of Local Doctor \_\_\_\_\_

Your Street Address Print \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone/Work Ph/Cell Ph/Fax \_\_\_\_\_

Best Times to Call: \_\_\_\_\_ Email address: \_\_\_\_\_

Formal Name on Credit Card \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Type of Card: \_\_\_\_\_ Exp: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

**PLEASE FAX ENTIRE AGREEMENT TO 415-472-7636**