



Certified Nutrition Consultant

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FUEL4U, LLC
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Informed Consent

Name _____ Date _____

I have sought the clinical and health care services of FUEL4U, LLC – for my personal healthcare or for my child or children who are minors. I understand that this health practice uses some approaches and methods that are known as complementary, alternative, holistic or functional in nature. This may not be covered by my insurance plan or might not be generally accepted by mainstream medicine. The terms complementary, holistic, alternative or functional refer to therapies that may include, but are not limited to, dietary and nutritional supplement advice, yoga, acupuncture, certain dietary/exercise protocols to follow, and certain metabolic tests that are used for informational purposes. Furthermore, the information gained from laboratory and evaluation tests may be interpreted differently from mainstream medical doctors. Approaches for improving general health and nutrition may be based upon the tests/evaluations and philosophies of complementary/functional/holistic/alternative medicine and may or may not be consistent with mainstream medical tests/evaluations and philosophies.

Although prescriptions and over-the-counter medications are used when your physician deems it necessary, foods, vitamins, minerals, enzymes, herbs, and other nutritional approaches may also be chosen as therapy or as adjunctive to medical therapies. It is your responsibility to ensure you inform your medical doctor of all supplements/diets you will be partaking in so that he/she can make sure there are no contraindications to your medicine. I will be glad to discuss and confer with your medical doctor concerning these supplements/diets if he or she wishes to do so and with your approval.

In addition to recommending oral nutritional supplements it is not uncommon that FUEL4U, LLC might use products/approaches that are not FDA (Food and Drug Administration) approved or evaluated for any condition though are in compliance and permitted to be used pursuant to the federal Dietary Supplement Health and Education Act of 1994.

My health and nutrition programs are exclusively an office based operation. I am not affiliated with a local hospital. As a result, I STRONGLY RECOMMEND THAT IN ADDITION TO MY SERVICE THAT YOU MAINTAIN A RELATIONSHIP WITH ONE OR MORE PHYSICIANS QUALIFIED TO CARE FOR YOUR INDIVIDUAL HEALTH CONDITIONS (I would be happy to recommend a new physician that is open to the therapies discussed in my office). For example, in case of children I advise that you seek the advice of a pediatrician; if you have cardiovascular disease consult a cardiologist; and if you have cancer consult with an oncologist; if you have any other degenerative conditions like, Diabetes, Lupus, Lou Gehrig's disease (ALS), Multiple Sclerosis, or any other auto-immune disease, please seek the advice from the appropriate medical professional. I often refer clients to these and other healthcare professionals when it is deemed necessary. These physicians can provide you and your family with emergency care if hospitalization is needed and ongoing follow-up care. I am happy to communicate and cooperate with your doctor(s) regarding your medical condition(s), options or any other health related issues.

As with many health related services, there are certain potential complications which may arise during the receipt of these services. Those complications range from discomfort through serious health concerns requiring emergency medical care. The probability of these complications are rare, but you are being made aware of the full range of possibilities that may occur and assume the risk of proceeding with care by signing this agreement. I have been informed of alternatives to receiving the health care services proposed in my treatment plan, including no treatment at all, and have agreed to move forward with the proposed plan of treatment. All of my questions have been answered concerning the proposed plan of treatment to my satisfaction.

FUEL4U, LLC makes no representations, claims, or guarantees regarding the efficacy of the proposed recommendations. The protocols that I recommend are based upon a combination of my clinical experience and my knowledge of scientific and medical literature. With this information, individualized protocols may be offered and applied as either adjunctive or primary protocols for certain conditions. The undersigned is also expressly notified that some personnel providing training and nutritional services are engaged in the process of obtaining certification as a CNS-Certified nutrition specialist and/or obtaining a Master's of Science degree in these areas. Such personnel, upon request, will be identified and the status of their certification, education and training provided upon request. If no such request is made, it is assumed that the undersigned consents to the provision of these services by these individuals.

By signing this informed consent you agree to hold harmless FUEL4U, LLC, its owners, employees and contractors from all professional and personal liability, negligence, or other legal liability. You agree to be responsible for all legal costs and fees that may result from action(s) on your part or on the part of your representative(s) against us. If a legal case is brought against us, you agree that we shall be judged by the standard principles of complementary/holistic/alternative/functional medicine and not the standards and principles of consensus of conventional/allopathic medicine. You have the right to have this consent reviewed by your lawyer before accepting any services from our office and we suggest that you exercise this right.

FUEL4U, LLC makes available nutritional supplements and other health related products. You are in no way obligated to purchase these products from my office or any other specific location or company. You may freely choose to purchase such products from any source(s) you wish. FUEL4U, LLC may profit from the sale of supplements and other products that are made available to its clients.

Most insurance plans cover services that they consider medically necessary and/or reasonable and customary. Many of our services such as nutritional consults, exercise programs, dietary protocols and testing (blood/urine/saliva) are often not considered by insurance companies to be necessary or a "covered service" and, therefore, reimbursable, based upon their own criteria. FUEL4U, LLC does not accept insurance assignment. By signing this form you accept full financial responsibility for all non-covered services; including consultations, blood/saliva/urine and other laboratory tests and procedures.

SIGNATURE ON FILE: I request that the provider make either to me or on my behalf payment of authorized benefits to FUEL4U, LLC for services furnished to me. I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services

Your signature verifies and affirms that you have not been told to discontinue treatments with any other medical specialists or other health care providers.

Your signature is being given prior to rendering any services, advice, and/or recommendations whatsoever from FUEL4U, LLC.

It is the responsibility of the client to follow-up with our office for results of all testing and laboratory procedures. It should not be assumed on the part of the client that if they are not contacted by FUEL4U, LLC, or if the client does not schedule or keep consultation, that test results are normal (or without abnormalities), and may not require further follow ups or advice. Health/medical recommendations and/or possible referral and additional follow-up may be warranted based upon laboratory testing and evaluations.

The client is further notified that some tests, or all, may not be covered by their insurance company. The client assumes full responsibility for the costs of non-covered tests. FUEL4U, LLC does not assume responsibility for costs of non-covered tests. FUEL4U, LLC does not assume full responsibility for costs incurred regarding non covered and/or potentially-covered services, including procedures, lab tests (blood, urine, saliva, etc.), and consultations.

FUEL4U, LLC also recommends that you get medical clearance from your MD before you partake in any of the exercise modalities that I might suggest. FUEL4U, LLC does not allow their sessions with any client to be recorded on any kind of device, if a client wants to record a session FUEL4U, LLC has to give its consent.

By entering your signature below you are acknowledging that you have read this entire agreement, understand all terms, verbiage (language) and concepts herein, and agree to proceed with care. By signing below you agree that you have weighed the risks and benefits of proceeding with the services and have decided that it is in your best interest to obtain the services proposed. Having been informed of the potential risks, I hereby give my consent or the consent of the minor to which I am legal guardian for said services.

I understand this consent agreement and have executed it freely and willingly.

FUEL4U, LLC REQUIRES 24 HOURS NOTICE UPON CANCELLING AN APPOINTMENT. IF PRIOR NOTICE IS NOT GIVEN, YOU WILL BE CHARGED THE FEE ASSOCIATED WITH THE SCHEDULED APPOINTMENT. SIGNING THIS AGREEMENT CONFIRMS YOUR CONSENT TO THESE TERMS.

Client's Name (print) and Signature _____ Date _____

Witness _____ Date _____

Natural/Integrative/Holistic/Functional/Alternative Approaches refers to services, theories, concepts, and recommendations including, but not limited to, dietary suggestions, nutritional supplements, lifestyle suggestions, herbs, stress reduction, exercise, and non-standard tests and or evaluations.