



STSP™ Informed Consent

Business Policies

Please read, fill in blanks, and sign all three pages, then USPS mail Originals to A.C.N. within 24 hours.

An **Informed Consent** communicates policies and procedures of **Advanced Clinical Nutrition (A.C.N.)**, so A.C.N. may provide their services and ministry with clarity and my "consent." This Informed Consent is about Business Policies, which are also established to communicate both A.C.N.'s and the client's responsibilities and procedures, so we may maintain a healthy working relationship and so I may receive timely and efficient services. Therefore,

1. The term "products" represents any tangible item for sale, whether it is a book, personal care product, appliance, health equipment, supplement, lab report, article, e-book, etc.
2. Payment may be made by Visa, MasterCard or Discover cards only (credit, debit, check card or travel cards). Clients are sent an email receipt at time of payment through our secure card processing company.
3. Payment of services and products are pre-paid, such as Lab Requisitions; Lab Kits; Analysis Fees; Nutritional On-site Tests, Exams and Evaluations; Questionnaires for Evaluations; Books; PEP Articles; e-Books; therapeutic and maintenance supplements; personal care, household or other products; appliances, health equipment, and/or Special and Back Orders. No billing or monthly payment plans provided. Paid Invoices accompany products invoiced. **Please Initial Here**
4. Should I require any fee-based consultations with Dr. Smith, I understand that some Fees for Consultation are pre-paid, and others are included in some Analysis Fees, or paid at the conclusion of the consultation appointment, once total consultation time has been established. If consultation time extends beyond amount pre-paid or is included in an Analysis Fee, payment is due for the balance when appointment has concluded. Paid Invoices will be emailed following consultation appointment. If I am unable to open emailed invoices, I will simply click the REPLY button to send back the email. This will communicate to A.C.N. to scan and email a PDF copy of the invoice to the client as soon as possible.
5. Clients without email or email access may request paid invoices for consultations to be USPS mailed and all invoices for products are included with shipment. However, since emails are free services and access to a computer at the library or a friend or family members is a solution for clients who do not own a computer, clients are asked to provide email address and check for A.C.N. emails at least once weekly.
6. A.C.N. has a right to charge a minimum of \$30 for any payment that results in a card chargeback, stop payment, insufficient funds or other purpose, in addition to administrative or processing fees. **Please Initial Here**

My signature below acknowledges that I read, understood, and agree to adhere to the policies on the "Informed Consent - Business Policies" (Page 1 of 3) and I am retaining the clinical nutrition ministry services of **Advanced Clinical Nutrition (A.C.N.)**. I agree to re-read all policy documents thus limiting direct policy questions to rulings not included in their written policies. I understand that lack of adherence to policies listed in #19 on page 3 is subject to termination of services and all policies are upheld without exception.

DATE: _____ CLIENT SIGNATURE: _____ BIRTHDATE: _____



STSP™ Informed Consent Business Policies

Please read, fill in blanks, and sign all three pages, then USPS mail Originals to A.C.N. within 24 hours.

- My signature and initials apply to me and any minor children I enroll in STSP, who are biologically mine or I am their legal guardian.
7. Client documents, such as completed A.C.N. questionnaires and forms, medical or other documents, may be sent to A.C.N. by fax, U.S. mail or email. Should I send any document by fax or U.S. mail, I agree to notify A.C.N. by phone if I would like confirmation of their receiving my documents.
 8. Nutritional Evaluation Reports and/or Laboratory Reports cannot be released to clients until their A.C.N.-related Questionnaire(s) and Forms, included both Informed Consents, have been received timely and complete so that Dr. Smith analysis may be completed.
Please Initial Here
 9. Nutritional Evaluation Reports, Lab Requisitions, Lab Kits, Analysis Fees, Questionnaires Fees for Evaluations, Consultation Fees, Program Design Fees, Shipping Fees, Books, Therapeutic and Maintenance Supplements and/or Products affected by temperatures **cannot be returned or refunded**.
Please Initial Here
 - 10.A "returnable" product is any product that is not subject to temperatures and is not listed in #9 above. Returns must be pre-approved through an Administrative Telephone Consultation with Dr. Smith. Dr. Smith will also designate the postal carrier by which approved products may be returned, which depends upon the type of products being returned.
Please Initial Here
 - 11.Approved returnable products must be in good condition (e.g., seal intact, not damaged) and returned through the designated postal carrier within 14 days of purchase date to receive credit refund or return is denied. Upon receipt as instructed here, Credit is applied to one of the next invoices generated by client.
Please Initial Here
 - 12.Approved returnable products incur a \$10 or 20% of payment (whichever is greater) Refund, Return Processing or Restocking Fee, whichever is applicable. Only Credit Refunds are provided and credit will be applied to one of client's next invoices. **Please Initial Here**
 - 13.Postal Packages returned unopened or an unapproved return of any product(s) are denied. Returnable products need consultation with Dr. Smith first to approve return (See #11-13).
Please Initial Here
 - 14.Products are considered received undamaged and complete, if client has not communicated with A.C.N. within 24 hours from date received. If client will be out of town on receive date, client is responsible to make arrangement for a different receive date.
Please Initial Here

My signature below acknowledges that I read, understood, and agree to adhere to the policies on the "Informed Consent – Business Policies" (Page 2 of 3) and I am retaining the clinical nutrition ministry services of **Advanced Clinical Nutrition (A.C.N.)**. I agree to re-read all policy documents for answers before contacting A.C.N., thus limiting direct policy questions to rulings not included in their written policies. I understand that lack of adherence to policies listed in #19 on page 3 is subject to termination of services and all policies are upheld without exception.

DATE: _____ CLIENT SIGNATURE: _____ PRINT FULL NAME: _____
My signature and initials apply to me and any minor children I enroll in STSP, who are biologically mine or I am their legal guardian.



STSP™ Informed Consent

Business Policies

Please read, fill in blanks, and sign all three pages, then USPS mail Originals to A.C.N. within 24 hours.

15. At least 48-hours' notice to reschedule or cancel an appointment is required to avoid incurring a charge of 50% of the pre-scheduled appointment fee. Reminder First Time; Reoccurrence Policy upheld. **Please Initial Here**_____
16. Though we endeavor to provide advanced notice regarding price changes. Should prices change without notice, current prices are invoiced. **Please Initial Here**_____
17. Business Documents titled as "Guidelines" or "Procedures" are also policies. Policies include **the Informed Consent-Clinical Nutrition Program, Informed Consent – Business Policies, Auto-Ship Policies and Auto-Ship Schedule, Free and Fee-Based Email and Telephone Consultation Guidelines and Procedures (1, 2, & 3 of 3). All policies are upheld by A.C.N., without exceptions.** **Please Initial Here**_____
18. Regarding any **Informed Consents (Clinical Nutrition Program and Business Policies)**, signature and initials on each page and their return by USPS is required from new clients prior to receiving services beyond the initial (first) Lab Tests, HAC Report and/or Nutritional Evaluation, whichever applies. **Please Initial Here**_____
19. In the event of discontinuation of services, I understand I am required to provide my intentions in writing (providing reason is appreciated also), as well as a completed Success Story Form (SSF) that provides an overview of the improvement I have received to date, through my STSP Clinical Nutrition Therapy in order to stay in good standing with A.C.N. **Please Initial Here**_____
20. I understand that I qualify for discounts, when offered, on only **STSP™** supplements recommended in my current **Nutritional Evaluation** and to stay qualified means I am maintaining timely updated Re-Evaluations according to the correctly calculated **Re-Evaluation Schedule Date.** This includes any supplements or products Dr. Smith has added to or included as an adjustment to my supplement program upon my request. **Please Initial Here**_____

My signature below acknowledges that I read, understood, and agree to adhere to the policies on the "Informed Consent – Business Policies" (Page 3 of 3) and I am retaining the clinical nutrition ministry services of **Advanced Clinical Nutrition (A.C.N.)**. I agree to re-read all policy documents for answers before contacting A.C.N., thus limiting direct policy questions to rulings not included in their written policies. I understand all policies are upheld without exception.

DATE: _____ CLIENT SIGNATURE: _____ PRINT FULL NAME: _____
My signature and initials apply to me and any minor children I enroll in STSP, who are biologically mine or I am their legal guardian.

PRINT FULL NAME: _____ DAY PHONE: _____

CARD BILLING ADDRESS: _____ CITY/STATE _____ ZIPCODE _____