

ACKNOWLEDGEMENT OF HEALTH AND WELLNESS EDUCATIONAL EXCHANGE

I hereby acknowledge that I will be participating in an educational exchange of information with Wallace Taylor MD for the purpose of exchanging information regarding general health and wellness. By using the Texas Integrative Medicine OneToOne health education consultation service with Wallace Taylor MD I agree to abide by these terms and conditions. The service provided by Wallace Taylor MD is different from the services typically provided by a physician. Wallace Taylor MD will not have the benefit of information that would be obtained by examining me in person and by observing my physical condition. Dr. Taylor may not be aware of facts or information that would affect his opinion of my condition. As a result acting on information received as though it were medical advice could be a risk to me. The educational information provided in this exchange is intended to be of a general nature not intended to treat any specific health condition. I acknowledge that this exchange will not provide any advice that may in anyway be construed as providing medical advice, personal recommendations for care, or specific treatment of any specific diagnosis, disease, or medical condition. This service will not establish a provider-patient or a physician-patient relationship. I will not consider any information as medical treatment of any kind and I will seek the services of a licensed medical provider before treating any medical condition. BY DECIDING TO ENGAGE IN THIS SERVICE, I ACKNOWLEDGE THAT I AM AWARE OF THIS LIMITATION AND AGREE TO ASSUME THE RISK OF THIS LIMITATION.

I acknowledge that Dr. Taylor has not received nor reviewed any personal medical information regarding any medical condition of any specific person. The purpose of the exchange is strictly for the purpose of furthering understanding of general health and wellness.

I understand that payment for this educational service will be due in advance of the educational exchange by credit card. The 45 minute consultation fee is \$395.

Name	DOB	Date
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Phone	Signature
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Email Address