Oak Creek
RELIEF & WELLNESS

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Authorization and Consent For Functional Medicine Program

The following agreement sets forth the obligations I assume in consideration for the functional medicine and nutritional information to be provided to me by **Dr. Scott Simon and/or OCRW** authorized by **Dr. Scott Simon and/or OCRW** in connection with the Functional Medicine and Nutritional Program. I acknowledge and agree to be bound by its terms.

I acknowledge and agree that information, support and guidance that I am provided by **Dr. Scott Simon and/or OCRW** is not medical advice and does not, and is not intended to, replace medical advice, and it is solely my choice whether to change my eating, diet, supplementation and lifestyle habits. I acknowledge that everybody's body is different and, therefore, **Dr. Scott Simon and/or OCRW** cannot guarantee any or specific results. I take full responsibility for any changes in my eating and lifestyle habits I choose to make.

I acknowledge and agree that the Functional Medicine and Nutritional Program does not provide medical advice, and is not a substitute for medical advice.

I acknowledge and agree that it is solely my responsibility to obtain specific medical advice from a physician prior to, during and/or after the Functional Medicine and Nutritional Program, especially if I am taking medication. I understand it is my sole responsibility to consult with a physician before changing my diet and lifestyle habits.

I acknowledge and agree with the information provided and anything I learn during the Functional Medicine and Nutritional Program is not intended to diagnose any disease or condition or **replace any prescribed treatment** that I am currently undergoing. Rather, **Dr. Scott Simon and/or OCRW** will provide education to enhance my knowledge of health as it relates to foods, dietary supplements, and lifestyle behaviors.

I hereby release **Dr. Scott Simon and/or OCRW** from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by **Dr. Scott Simon and/or OCRW** and further agree that if, despite this release and waiver of liability, I, or anyone on my behalf, makes a claim against **Dr. Scott Simon and/or OCRW**, I will indemnify, save and hold harmless **Dr. Scott Simon and/or OCRW** for litigation expenses, attorney fees, losses, liability, damages, or costs which may be incurred as the result of such claim.

I acknowledge that I have been given the opportunity to ask any questions. I understand the ultimate decision is my responsibility. By **signing and submitting** this form, I agree I have read and fully understand the above information, the elements of my informed consent, and my rights and responsibilities.

_____	_____	_____
Name (Printed)	Signature	Date

_____ (Initial) I acknowledge and agree that this agreement deals solely with financial and time obligations, and is in no way a guarantee of a clinical outcome.