

# The Logan Institute for Health and Wellness, LLC

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## INFORMED CONSENT

By signing below, you acknowledge your understanding that Dr. Logan will make every attempt through a variety of testing methods to determine root causes of illness. Dr. Logan may make personalized recommendations on lifestyle, exercise, health habits and advanced nutrition to assist you in achieving your optimal state of health. Some of Dr. Logan's recommendations may include nutritional support products from known, reputable, research-based companies committed to the highest quality. Supplements are not FDA approved and are not intended to diagnose, treat, cure or prevent any disease. You are under no obligation to purchase these products.

X \_\_\_\_\_ (Initials)

## Fees and General Office Policies

I acknowledge that I have been given the brochure which outlines fees and office policies, effective January 2010. I have reviewed and understand the information outlined in the document.

X \_\_\_\_\_ (Initials)

## Notice of Privacy Practices for Protected Health Information (HIPPA)

I have been informed of the availability of the Practice's Notice of Privacy Practices (HIPPA) and understand that my protected information may be used by the Practice. A copy will be given to me at my request.

X \_\_\_\_\_ (Initials)



Date \_\_\_\_\_

Patient Signature \_\_\_\_\_

Patient Name (please print) \_\_\_\_\_