



Release Form for Phone Consultations

I, _____, request a telephone consultation with to discuss information regarding a question or laboratory result with a health professional at Tenpenny Integrative Medical Center (aka Tenpenny IMC).

I agree to the following terms and conditions:

- I understand that my consultation does not create a doctor-patient relationship, either before or after the consultation. I confirm that the consultation is not intended as personal medical or legal advice.
- My purpose is speaking with consultation with Dr. Sherri Tenpenny or any health professional at Tenpenny IMC is obtain information based their research and experience. The consultation is for my general information only.
- Information given to me during the consultation will be used entirely at my own risk. The information is intended to supplement my understanding and I will make my own healthcare decisions based solely upon the consultation.
- I understand that the health professionals at Tenpenny IMC encourage me to make healthcare decisions about my health, and the health of my family, based upon my personal research and in partnership with a qualified health care professional in my area.
- My consultation may contain confidential and proprietary information and the information is intended for my use alone. I will not distribute any information to any other party without the written consent and authorization of Dr. Sherri Tenpenny or other health professionals at Tenpenny IMC.
- Tenpenny IMC will maintain as confidential, information I give during the consultation. However, as with all web-based and phone-based interactions, I understand that there is some risk that the information I provide to her may be accessed to unauthorized individuals and to that end, I assume responsibility for that risk and hold harmless Dr. Tenpenny, TenpennyIMC, or any of her agents, affiliates, etc., as set forth in the paragraph below. I agree to indemnify and hold harmless Dr. Sherri Tenpenny, her companies and her assigns.

Name: _____

Signature _____

Home Address _____

Phone Number _____

Email address _____ Date: _____

- YES please add me to your email database
- NO, I do not want to be added to your email database
- I am already a member of your email database

PLEASE FAX THE COMPLETED FORM TO (440) 239-3440