Client Membership Guide

Because You Deserve to be in Control of Your Health

Mission

Cathy Smith, ND LMT works to enable people from all walks of like to be as energetic, focused and healthy as possible. She works with clients at varying stages of life and illness and Cathy's goal is to provide you with effective, transformational naturopathic protocols and massages at affordable rates. Cathy has created a Membership Program that empowers you to take full control of your health while you keep focused on vitality and feeling better. Cathy's membership program allows for low monthly fees and affords ample time between her and you so that you can understand why your health has deteriorated and what can be done to address your concerns. Cathy works hard to form a bond and a deep healing relationship with each of her clients.

About Cathy

Cathy Smith is a Doctor of Naturopathy and a Licensed Massage Therapist. She earned her Certification as a Natural Health Professional in 2006 and went on to earn her diploma as a Doctor of Naturopathy (ND) from Trinity School of Natural Health in 2017. Cathy also is an MBA and has a Bachelor's Degree in Business Management. Cathy studied Mass Communications at Northwestern from 1986 – 1989.

Studio Information

Address: 9116 Dorothy Lane, St. Francisville LA 70775
Phone: (225) 784 – 2168
Studio Hours: By Appointment Only

Client Membership Guide

This Client Membership Guide describes the services and amenities provided by Cathy Smith, ND LMT to those who are enrolled in one of our Membership Plans ("MP"). Please note this guide includes our Disclaimer and Client Request Authorization. This guide outlines the different levels through which you may benefit and participate in an MP, the services offered in each MP, the cost of extra services, and fully articulates the terms and conditions of your membership.

If you have any questions at all, please feel free to connect with us at: (225) 784-2168 or email us at info@cathysmithndlmt.com

Cathy's Philosophy of Naturopathy

Cathy practices wellness with the philosophy that the human body, when given the right conditions, can maintain and restore health. Cathy works with her clients to put in place sustainable health strategies that promote vitality through the use of natural, low force

interventions, along with the judicious use of higher force interventions when applicable.

Naturopathy employs natural therapeutics and a holistic approach to treatment(s). Modalities used include nutrition, nutraceuticals, homeopathy, biotherapeutic drainage, and botanical medicine. Naturopathy can be used for arthritis, diabetes, hormonal imbalances, cardiovascular disease and many other common conditions.

The Principals of Naturopathic Medicine

The Healing Power of Nature (*Vis Medicatrix Naturae***)**

Naturopathy recognizes the body's inherent ability to heal itself. Naturopathic doctors identify and remove obstacles to recovery and facilitate this healing ability in Clients.

Identify and Treat the Causes (*Tolle Causam***)**

The naturopathic doctor seeks to identify and remove the underlying causes of illness, rather than eliminate or merely suppress symptoms.

First Do No Harm (*Primum Non Nocere***)**

Naturopathyfollows three principles to avoid harming the Client:

- Use methods and medicinal substances which minimize the risk of harmful side effects
- Avoid, when possible, the harmful suppression of symptoms
- Acknowledge and respect the individual's healing process, using the least force necessary to diagnose and treat illness

As Teacher (*Docere***)**

Naturopathic doctors educate the Client and encourage self-responsibility for health. They also acknowledge the therapeutic value inherent in the ND-client relationship.

Treat the Whole Person

Naturopathic doctors treat each individual by taking into account physical, mental, emotional, genetic, environmental and social factors. Since total health also includes spiritual health, naturopathic doctors encourage individuals to pursue their personal spiritual path.

Prevention

Naturopathic doctors emphasize disease prevention, assessment of risk factors and hereditary susceptibility to disease and making appropriate interventions to prevent illness. Naturopathy strives to create a healthy world in which humanity may thrive.

Wellness

Wellness follows the establishment and maintenance of optimum health and balance. Wellness is a state of being healthy, characterized by positive emotion, thought and action. Wellness is inherent in everyone, regardless of disease(s). If wellness is recognized and experienced by an individual, it will more quickly heal a given disease than direct treatment of the disease alone.

Cathy Smith, ND LMT Naturopathic Doctor

Cathy Smith, ND LMT is trained as specialists in natural medicine. In addition to the standard curriculum, Cathy earned both her Bachelors of Science degree and holds a Master's in Business Administration.

Cathy earned her Doctor of Naturopathy degree at Trinity School of Natural Medicine, an intense, online five-year naturopathic program. Trinity School is dually accredited and recognized by the American Naturopathic Medical Certification and Accreditation Board, Inc. and the American Association of Drugless Practitioners.

Contact Cathy Smith, ND LMT

Membership includes access to Cathy who is available in person, via phone, email, and Skype.

Membership Plans

Our MPs provide you the one-on-one time with Cathy Smith, ND LMT and ongoing continuous care, but this is **not an insurance practice** and **our plans do not function as an insurance policy** and **do not replace insurance**.

1. **Natural Wellness Membership**

    - One initial wellness consultation (approximately three hours)
    - Initial "Suggested Wellness Protocol" which includes suggested supplementation, when to take, how much to take, why each supplement suggested and the benefits of each supplement
    - Up to 11 in-office visits after the initial wellness consult (one per month for the duration of membership)
    - 10% off online dispensary supplements

2. **Massage Therapy Membership**

    - A one-hour initial specialty massage the first month of membership
    - Unlimited massages for the duration of membership (time allowance dependent on reason for each visit; not to exceed one hour per appointment)

3. **Combination Wellness / Massage Membership**
    - All the benefits of the Natural Wellness Membership and the Massage Therapy Membership combined

4. **Family Membership**

    - Each of the above membership plans are available to families.
    - Families are considered two adults aged 18 and above and one minor aged under 18.
    - If there are more than three members in your immediate family, please contact our office for pricing at (225) 784 - 2168.

Natural Wellness Plan Benefits

- Individual and personalized Suggested Wellness Protocol including suggestions of supplements, foods, recipes, etc.
- Wellness care, which includes coaching/counseling for lifestyle things like diet, exercise, stress management, behavioral modification, etc.
- Male, female and pediatric care
- Chronic condition management
- Chronic illness management for anybody's system (i.e.: nervous, cardiovascular, endocrine, digestive etc.)
- Same-week appointments if scheduled by the first day of the week (Monday)
- Yearly labs (to be determined at annual check-up)
- Supplement management
- 15% off all supplements in office
- 10% off all supplements from online dispensary
- Consultation referral and coordination of care to appropriate specialty providers if necessary
- Recommending of appropriate laboratory testing (stool, urine, saliva, mineral, etc.) and functional lab testing

Massage Therapy Membership Benefits

- Reduction of pain
- Decrease in muscle tension
- Lowers stress
- Addresses anxiety
- Helps resolve digestive disorders
- Relief from headaches and migraines
- Boost immune system
- Reduces inflammation
- Improves blood circulation
- Increases energy
- Helps treat injuries
- Improves posture
- Opens airways for easier breathing

Individual Rates

- $199/month = Natural Wellness Membership
- $249/month = Combination Wellness/Massage Membership
- $179/month = Massage Therapy Membership

Family Rates

Immediate family with two adults (age 18+ and one minor (age under 18): add $75 to the membership plan you are interested in:

- $274/month = Natural Wellness Membership
- $324/month = Combination Wellness/Massage Membership
- $229/month = Massage Therapy Membership

Regular Fees (Non-Members or Members Who Cancel Prior to End-Date of Membership)

- $299 = Three-Hour Wellness Consultation
- $125 = Follow-Up Wellness Appointments
- $129 = Up to 1-Hour Specialty Massage
- $99 = In-House Labs (each)
- $199 = Other Labs
- At-Cost Plus Shipping & Tax = Any Supplements

Any service not provided above will be quoted on an as-needed basis.

If a service is not specified below, there is an additional fee associated with the service. All fees incurred by the client(s) are the client(s)'s sole responsibility. This includes equipment, materials, additional labs, imaging, specialist referral, etc.

Services Included in ALL our Membership Plans:

- Individual and personalized Suggested Wellness Protocol including suggestions of supplements, foods, recipes, etc.
- Wellness care, which includes coaching/counseling for lifestyle things like diet, exercise, stress management, behavioral modification, etc.
- Male, female and pediatric care
- Chronic condition management
- Chronic illness management for anybody's system (i.e.: nervous, cardiovascular, endocrine, digestive etc.). This includes consultation, referral, and coordination of care to specialists in the appropriate field.
- Same-week appointments if scheduled by the first day of the week (Monday)
- Yearly labs to be determined at annual check-up.
- Supplement management

- 15% off all supplements in office
- 10% off all supplements from online dispensary
- Consultation referral and coordination of care to appropriate specialty providers
- Recommendation of appropriate diagnostic studies
- Recommending of appropriate laboratory testing (stool, urine, saliva, mineral, etc.) and functional lab testing

If a service is not specified, there is an additional fee associated with the service. All fees incurred by the client(s) are the client(s)'s sole responsibility. This includes equipment, materials, additional labs, imaging, specialist referral, etc.

Natural Health Client Request and Authorization

All clients are required to sign, date and submit this request and authorization, as follows:

I hereby understand, as the "client" and by indication of my signature below, that:

I acknowledge the Nutritional Profile, Evaluation and Suggested Wellness Protocol and any supplemental materials such as vitamins, minerals, enzymes, aromatherapies and herbs are not for the diagnosis, treatment, cure, alleviation, prevention, or care/cure of any disease of any kind in any way. I agree I am totally responsible for obtaining qualified medical assistance for any such services or for the care of any disease or pathological condition. Nevertheless, I reserve myself the right to use the knowledge I gain from the consultation in any legal manner I may choose in the care of my own body. I further declare the sole reason for requesting services from this office is for obtaining a "Suggested Wellness Protocol" for the building of my health and wellbeing.

I recognize that analysis is a revolutionary and unorthodox approach to health and that it is based in Jesus Christ. Being of sound mind and with my own free will, I choose this method of building my health and exercise my Constitutional Right for the attainment of life, liberty and the pursuit of happiness.

I acknowledge that Dr. Cathy Smith, ND is not licensed, certified, or registered as a "health care provider" in the state of Louisiana. Further, any food or dietary supplements being recommended are not medically prescribed drugs. I understand that as part of her service, Dr. Cathy Smith, ND will review indications of my state of health and use them as a guide to address the cause of my health issues. I further understand that Dr. Cathy Smith, ND may make recommendations on lifestyle modifications, diet, dietary supplements, or suggest naturopathic remedies to assist me in solving your health issues.

I recognize that consultations are limited to education in matters pertaining to the improvement in the overall health and physical fitness for maintenance of the best possible state of physical, mental and emotional health. These subjects may or may not include but are not limited to examination of urine, hair and/or saliva. Such procedures are not for the diagnosis or treatment

of any health condition or disease. Any procedures including fasting and/or cleansing are at my own choice.

I am fully aware of the fact the services being provided to me are spiritually oriented. I realize my God given rights and Constitutional rights which allow me to seek the best care and education for my own personal needs.

I am aware I am entitled to receive information from Dr. Cathy Smith, ND about any method or procedure to be used, fees to be charged and the approximate length of same if it can be determined by personal experience, testimonies and suggestions. I understand that if for any reason I am unable to keep a scheduled appointment, a 24-hour notice is to be provided and that failure to provide said notice will result in a $35 no-show fee which I agree to pay.

I understand all I say is to be kept confidential and that information concerning myself can be released to another alternative health practitioner only with my signed consent. I am free to obtain a second opinion at any time I feel it is necessary.

I authorize Dr. Cathy Smith, ND to perform any and all services for me that I have a right to perform for myself and agree to hold her blameless for any and all such acts. I acknowledge and understand that nothing stated by Dr. Cathy Smith, ND is in any way, shape or form legal or medical advice. I agree that any matters pertaining to legal advice are to be obtained from an attorney licensed to practice law.

I am not a representative of any branch of a municipal, state, U. S. government, the American Medical Association or the Federal Drug Administration, or any other regulated agency.

I have read and fully understand the above information and this disclaimer in its entirety. I hereby request I be allowed to participate in a health consultation program. I have been allowed to ask any questions I might have about it, and sign it of my own free will.

Client Signature of Parental Signature	Date
Accepted By	Date

Services NOT Included in our Membership Plans

- Attending physician at hospital
- Cosmetic surgery
- Cost of filling prescriptions
- Dental care
- Drug and alcohol dependency treatment

- Emergency psychiatric
- Emergency room care
- Facility fees, such as Hospital, Nursing Home, Hospice Residential Care, Home Health and any other Facility fees.
- Hearing care
- Hospital care
- Obstetrics and gynecology care
- Outpatient diagnostic procedures such as colonoscopy, endoscopy, radiology, ultrasound, CT scan, MRI, PET scan, advanced cardiac diagnostic tests, and mammograms
- Outpatient surgery center care
- Physicals
- Psychiatric care
- Sterilization
- Vision care

Hospital Care Privileges

The State of Louisiana does not allow for Naturopathic Doctors to have hospital care privileges.

Member Rights and Responsibilities

If you understand your rights and responsibilities, you are better able to participate in your health care. These rights and responsibilities also apply to your designated representative, guardian, or next of kin if you are unable to advocate on your own behalf, or to a parent or legal guardian, if you are a minor.

A Member and/or Member's legal representative have the rights to:

- Receive compassionate, competent, respectful treatment and care.
- Access to care regardless of race, color, religion, gender, ethnic origin, age, disability, source of payment, or any other classification prohibited by law.
- Be interviewed in surroundings that permit reasonable visual and auditory privacy.
- Have another person present during appointments
- Receive complete health recommendations and current information concerning assessment, natural health treatment, and prognosis in terms reasonably understood.
- Participate in decisions about your care, including consent, withdrawal of consent, and preparation of advance directives.
- Refuse recommendations and accept the potential consequences of that choice after thorough explanation
- Expect reasonable continuity of care
- Know the identity and professional status of health care providers.
- Receive informed consent regarding procedures, risks and alternatives, and receive answers to questions
- Bring complaints or grievances to the attention of staff without jeopardizing access to

current or future care or services.
- Disclosure of unanticipated outcomes.
- Access, copy, and amend records.
- Know that your records will remain confidential and will be released only with your written permission.
- Request certain restrictions on how your information is used.

Member Responsibilities

A Member and/or his/her legal representative has the responsibility to

Your role is to participate in this process. Some people enter the alternative health arena after having exhausted all other means of regaining health and some people have already experienced the positive impact alternative health can have in their lives. No matter which of these you are, or even if you fall somewhere in between the two, you do not have to believe taking supplements or eating nutrient rich foods can help you feel better. All you have to do is take them, eat accordingly, and do the following three things:

1. **You must stay in communication.** If you have important questions, call Dr. Cathy at **225-784-2168** or email her at cathy@cathysmithndlmt.com. If you are experiencing any symptoms (nausea, diarrhea, vomiting, constipation, flu symptoms, dizziness, headache), it is important to call. It is my goal to give you a program that supports healing without unnecessary symptoms, but, if you have symptoms, do not take over-the-counter remedies. Call me. (See information under "Healing Crisis.") If I am unable to immediately answer the phone, simply leave a voice mail. I will always call you back as quickly as I can.
2. **You must follow the suggested protocol to the best of your ability**. The healing process is slow and gradual. **Your continued participation is more important than a dramatic change that only lasts a week or two.** The first hurdle is to establish a habit of taking the supplements and eating nutrient rich foods daily. The second hurdle is to learn to plan ahead and order supplements before you run out. If money is an issue, ask me about working out a payment schedule.
3. **You must listen to your body and learn what heals and what does not.** Often, we get sick because our attention is on everything else in our life … but our health. We have forgotten to take care of our body. If you have symptoms, your body needs attention.

It does no good to come in to see Dr. Cathy, like bringing your car to the mechanic, and ask me to "fix it." With due respect, you're the reason you're not feeling well and you can best determine your path to health. I am a resource; I can teach you and give you information. The choices and the responsibility are yours and yours alone.

You must learn to listen to your body. You must respond to its needs for rest and proper nutrition. Become a cooperative partner in your own life. Many of us have had times when our body felt like a piece of baggage that we had to drag around. At these times it may have felt

that your body was an enemy. Properly nourishing and caring for your body will help you overcome these feelings.

A Member and/or Member's legal representative has the responsibility to:

- Be honest and forthright with the Naturopathic Doctor
- Provide accurate and complete information about present complaints, past illnesses, accidents, hospitalizations, medications and any other information related to his/her health
- Report to the Naturopathic Doctor in a timely manner any new incident, trauma or changes in his/her health condition
- Acknowledge and consider instructions provided by the Naturopathic Doctor
- Request clarification about any aspect of his/her care not fully comprehended
- Keep scheduled appointments or give adequate notice of delay or cancellation (minimum 24-hours)
- Show respect and consideration for other staff, property, and other clients
- Be an active participant in making informed health care decisions.
- Accept the consequences when you do not comply with suggested plan of care or treatment
- Follow the terms and conditions of this Membership Agreement
- Meet financial commitments to pay all expenses associated with services received

If you have a concern at any time during or after you receive services, we ask that you communicate with us. Dr. Cathy will do everything she can to respond and resolve the issue in a timely manner.

Healing Crisis

When your body is returning to a state of health, you feel it. The blood is pure and full of nutrition, circulation is improved and there is proper nerve force and sufficient rest. While it is my goal to avoid a crisis in healing, with exercise, a nutritious diet and sufficient rest, a healing crisis sometimes occurs.

The healing crisis is the result of an industrious effort by every organ of the body to eliminate waste and prepare for regeneration. Through this constructive process, old tissue is replaced by new. This crisis is recognized by a heavy elimination of mucus or catarrh. The experience of a healing crisis is much like that of an illness, because the symptoms are similar.

But there is one important distinction . . . elimination. In the healing crisis, the body has the energy and strength to eliminate the toxic wastes that caused past problems. Your body will eliminate via the rectum, urinary tract, skin and lungs. It is important to allow this purification and not suppress the elimination with over-the-counter remedies. A healing crisis is positive. Better health is just around the corner, so hang in there.

Payment Terms and Termination Policy

To become a member of an MP offered by Cathy Smith, ND LMT, you must pay, upon receipt, the first invoice you receive from Cathy Smith, ND LMT (dba SmithWorks Inc [SWI]).

For new members the period of your participation in your chosen MP is one year; beginning on the date you sign the member agreement.

For established members participating in the program, **renewal of your contract will be continuous.** There will be no break in the contract period. Payments are still made in the manner agreed upon the prior year.

Payment Election may be annually, bi-annually, quarterly, or monthly.

Late Payments and Returned Items

In the spirit of simplicity and peace of mind we ask that our members pay electronically by Automated Bank Draft, PayPal, or Credit Card. This not only simplifies the payment process, it also allows you to avoid any late payments and keeps our relationship with you about your health. **Late payments will result in a 10% charge on any balance in a 30-day period.**

If you have made arrangements and are paying by check, we add a $25.00 Service Charge (up to the maximum allowed by law) on all returned items.

Early Termination, Refunds, and Reenrollment Fees

The term of Agreement shall be for one (1) year increments starting on the effective agreement date, continuing until notification is given to terminate by either party. Either Cathy Smith, ND LMT or the Client shall have the right to terminate this agreement at any time, provided that Cathy Smith, ND LMT or the Client provides the other with 30 days prior written notice of such termination. If the situation arises that a member does or may not provide 30 days-notice of termination, Cathy Smith, ND LMT will keep the portion of fees paid necessary to cover services or products already rendered. If the member cancels within the first 30 days of joining, the member shall owe the fee(s) according to the current fee schedule for all services provided so long as the total does not exceed the current balance:

- $299 = Three-Hour Wellness Consultation
- $125 = Follow-Up Wellness Appointments
- $129 = 30-Minute to 1-Hour Specialty Massage
- $99 = In-House Labs (each)
- $199 = Other Labs
- At-Cost Plus Shipping & Tax = Any Supplements

Any service not provided above will have already been quoted and indicated as such in Client's file. No fees are assessed unless discussed with Client beforehand.

Fee and Benefit Changes

We are always planning ahead to ensure you have a great experience with us and sometimes we may foresee changes in costs due to changes in regulations, products, and taxes. Thus, in order to continue to be able to provide excellence through care, we may at times have to increase fees as a result. As our valued member, you will receive notification 30 days prior to any price changes. If benefits or prices change during the duration of your current MP year, the new changes will not affect you until the next 1-year MP cycle begins. **This agreement is on a continual renewal basis, and the price increase, if any, will be applied to your next year renewal. You must cancel to avoid paying for subsequent undesired renewal.**

Definitions

Naturopathic Care Agreement is defined as a contract between Cathy Smith, ND LMT and an individual client or Client's legal representative and/or family in which Cathy Smith, ND LMT agree to provide direct naturopathic care services to the individual client(s) at the agreed upon level of membership.

Natural Health Client Request and Authorization is defined as a document fully explaining that Cathy Smith's ND LMT approach to health and is based in Jesus Christ and that consultations are limited to education in manner. Please see document for full details.

Appointment is defined as a scheduled appointment with Cathy Smith, ND LMT. Length of time does not matter in regards to what constitutes a visit. 15 minutes and an hour are both considered a visit. Length and number of necessary visits are at the discretion of Cathy Smith, ND LMT based on her professional judgment and management approach.

Member is defined as a person(s) who voluntarily elects Cathy Smith, ND LMT to provide direct naturopathic care and/or massage therapy, as set forth in the terms of this agreement.

Naturopathic Doctor means a person who has earned a diploma with the designation of Doctor of Naturopathy from a recognized educational institution.

Dispensary Products include vitamins, minerals, amino acids, medicinal herbs, food supplements, fish oil, probiotics, hair / skin / tooth care products, healing salves and oils (for topical use), homeopathics, and organic grade foods. The goal of it is to support body systems that need healing, provide cleaner, healthier solutions to products used on a daily basis, and to support a healthy diet and lifestyle.

Wholesale Lab Testing is defined as sharing the discounted doctor laboratory rate directly with all Members. We are passing this discount on to you, which means, we aren't marking up the labs to make money off of you. Rather, we are helping you to better afford necessary labs.

Access to Your Naturopathic Doctor Through Your Client Portal is defined as access to Cathy Smith, ND LMT via email. When leaving email messages, Cathy Smith, ND LMT will respond to you within 24 hours, except in rare situations where she may have limited access to

internet/email. You will be informed in advance if this is the case. Email consultation **is not** acceptable means of communication for an emergency. If you have a life-threatening emergency or believe you are in danger, go to the nearest emergency room or call 911 immediately.

Direct Naturopathic Care Agreement

This Agreement specifies the terms and conditions under which you, your spouse, and/or dependents included in the Agreement will participate in the Membership(s) available under this Agreement. Adult Members participating in the Agreement may register a spouse and/or dependent under this Agreement. Others outside of that relationship wishing to join as Members must have their own separate Agreement. If the Member is younger than 18 years of age, this Agreement is being entered into on the behalf of the Member by their Parent or Legal Guardian. A valid picture ID is required to enroll in a membership and will be required to verify identity before receiving membership services, except in the case of a minor enrolled in the membership, who must be accompanied by a Parent or Legal Guardian.

Direct Naturopathic Care Agreement

This Direct Naturopathic Care Agreement (the "Agreement") is entered and effective on the ___ day of _____, 20___ by and between Cathy Smith, ND LMT doing business as SmithWorks Inc. (SWI), a Louisiana S-Corporation, located at 9116 Dorothy Lane, St. Francisville, Louisiana 70775 and you (the _____ "Individual and/or Family Member") [include a separate sheet if necessary] and includes the following person(s) listed below:

Name	Date of Birth	Relationship

Scope of Service

The Member(s) acknowledges and understands the following:

1. This Agreement is a legal document and creates certain rights and responsibilities for both parties. _____(initials)

2. This Agreement is **NOT A HEALTH INSURANCE POLICY** and **THIS PRACTICE IS NOT**

INSURANCE. _____ (initials)

3. The membership fees required under this Agreement **DO NOT** apply towards any health insurance plan deductible. _____ (initials)

4. The membership under this Agreement **DOES NOT** by itself fulfill the personal health insurance mandate under the Affordable Care Act (commonly known as "Obamacare"). _____ (initials)

5. Cathy Smith, ND LMT does not and will not seek any reimbursement from any insurer, Medicare, Medicaid, or any third-party payer for any services included in this Agreement. _____ (initials)

6. If Cathy Smith, ND LMT renders services beyond the scope of this Agreement, there will be added charges that are the sole financial responsibility of the Member. The Member(s) agree to pay for these additional charges at the time of service. If these or any other additional charges are not paid at the time of service, Member(s) agree to allow Cathy Smith, ND LMT to charge the Member(s) account on file for those amounts. _____ (initials)

7. All fees incurred by the Member(s) that are not listed as covered by this Agreement are the Client's sole responsibility. This includes equipment, additional labs, imaging, specialist referral, etc. _____ (initials)

8. This Agreement **DOES NOT** include any major catastrophic medical care provided by emergency rooms, hospitals, urgent care centers, services rendered by specialists or specialty clinics, laboratory testing or other entities not outlined specifically. _____(initials)

9. The member acknowledges sole financial responsibility for any services not offered by Cathy Smith, ND LMT or this Agreement. Because of this, the Member(s) is advised to consider a high- deductible insurance plan, as a supplement to this agreement. _____ (initials)

10. Cathy Smith, ND LMT makes no representation regarding the tax implications of membership of this agreement. Members are encouraged to seek the advice of a competent tax professional for advice regarding any related tax issues. _____ (initials)

Terms and Conditions

11. The term of this Agreement is for one (1) year, beginning on the ____ day of _____, 20_____. After the initial year commitment, renewal of this contract will be continuous and automatic. There will be no break in the contract period. Payments will continue to be made on the agreed schedule set forth below.

12. By voluntarily entering into this Agreement and remitting the retainer fees set forth below,

the Member(s) gain(s) the membership level of their choice: Wellness Membership Plan, Massage Benefit Plan, Combination Benefit Plan.

13. The services included in this agreement are personally administered by Cathy Smith, ND LMT. Cathy Smith, ND LMT does not hold a medical license in the State of Louisiana. The State of Louisiana does not license Naturopathic Doctors.

14. This Agreement only covers the services specifically outlined in the Client Membership Guide. You state you have read and understand the Client Membership Guide. _____ (initials)

15. This Agreement is bound to the *Member Rights and Responsibility* as indicated in the Client Membership Guide. _____ (initials)

16. This Agreement is bound by the *Payment Terms and Termination Policy Responsibility* as indicated in the Client Membership Guide. _____ (initials)

17. This Agreement is bound by the definitions set forth in *Definitions Responsibility* as indicated in the Client Membership Guide. _____ (initials)

18. **Fees**

At the date of this agreement, Membership pricing is as follows:

	Natural Wellness Membership Plan			**Massage Therapy Membership Plan**			**Combination Wellness/Massage Membership Plan**		
	Monthly	*Quarterly*	*Annually*	*Monthly*	*Quarterly*	*Annually*	*Monthly*	*Quarterly*	*Annually*
Individual Membership	$199	$796	$2,388	$179	$716	$2,148	$249	$996	$2,988
Family Membership	$274	$1,096	$3,288	$229	$916	$2,748	$324	$1,296	$3,888

Family Rates

Immediate family with two adults (age 18+ and one minor (age under 18): add $75 to the membership plan you are interested in:

Regular Fees (Non-Members or Members Who Cancel Prior to End-Date of Membership)

- $299 = Three-Hour Wellness Consultation
- $125 = 45-Minute Follow-Up Wellness Appointments
- $129 = 30-Minute to 1-Hour Specialty Massage
- $99 = In-House Labs (each)

- $199 = Other Labs
- At-Cost Plus Shipping & Tax = Any Supplements

Any service not provided above will be quoted on an as-needed basis.

Membership plans can be automatically debited monthly on the same recurring day or debited annually.

This agreement and the associated authorization forms are the parties' entire agreement on this matter, superseding all previous negotiations, estimates, or agreements. This Agreement can only be changed by mutual written consent. This Agreement shall be governed by, and construed in accordance with, Louisiana State law.

NATURAL HEALTH CLIENT REQUEST AND AUTHORIZATION

I hereby understand, as the "client" and by indication of my signature below, that:

I acknowledge the Nutritional Profile, Evaluation and Suggested Wellness Protocol and any supplemental materials such as vitamins, minerals, enzymes, aromatherapies and herbs are not for the diagnosis, treatment, cure, alleviation, prevention, or care/cure of any disease of any kind in any way. I agree I am totally responsible for obtaining qualified medical assistance for any such services or for the care of any disease or pathological condition. Nevertheless, I reserve myself the right to use the knowledge I gain from the consultation in any legal manner I may choose in the care of my own body. I further declare the sole reason for requesting services from this office is for obtaining a "Suggested Wellness Protocol" for the building of my health and wellbeing.

I recognize that analysis is a revolutionary and unorthodox approach to health and that it is based in Jesus Christ. Being of sound mind and with my own free will, I choose this method of building my health and exercise my Constitutional Right for the attainment of life, liberty and the pursuit of happiness.

I acknowledge that Dr. Cathy Smith, ND is not licensed, certified, or registered as a "health care provider" in the state of Louisiana. Further, any food or dietary supplements being recommended are not medically prescribed drugs. I understand that as part of her service, Dr. Cathy Smith, ND will review indications of my state of health and use them as a guide to address the cause of my health issues. I further understand that Dr. Cathy Smith, ND may make recommendations on lifestyle modifications, diet, dietary supplements, or suggest naturopathic remedies to assist me in solving your health issues.

I recognize that consultations are limited to education in matters pertaining to the improvement in the overall health and physical fitness for maintenance of the best possible state of physical, mental and emotional health. These subjects may or may not include but are not limited to examination of urine, hair and/or saliva. Such procedures are not for the

diagnosis or treatment of any health condition or disease. Any procedures including fasting and/or cleansing are at my own choice.

I am fully aware of the fact the services being provided to me are spiritually oriented. I realize my God given rights and Constitutional rights which allow me to seek the best care and education for my own personal needs.

I am aware I am entitled to receive information from Dr. Cathy Smith, ND about any method or procedure to be used, fees to be charged and the approximate length of same if it can be determined by personal experience, testimonies and suggestions. I understand that if for any reason I am unable to keep a scheduled appointment, a 24-hour notice is to be provided and that failure to provide said notice will result in a $35 no-show fee which I agree to pay.

I understand all I say is to be kept confidential and that information concerning myself can be released to another alternative health practitioner only with my signed consent. I am free to obtain a second opinion at any time I feel it is necessary.

I authorize Dr. Cathy Smith, ND to perform any and all services for me that I have a right to perform for myself and agree to hold her blameless for any and all such acts. I acknowledge and understand that nothing stated by Dr. Cathy Smith, ND is in any way, shape or form legal or medical advice. I agree that any matters pertaining to legal advice are to be obtained from an attorney licensed to practice law.

I am not a representative of any branch of a municipal, state, U. S. government, the American Medical Association or the Federal Drug Administration, or any other regulated agency.

I have read and fully understand the above information and this disclaimer in its entirety. I hereby request I be allowed to participate in a health consultation program. I have been allowed to ask any questions I might have about it, and sign it of my own free will.

Client Signature of Parental Signature	Date
Accepted By	Date

Signatories

By signing below, I admit full comprehension of all information contained in the above pages, including but not limited to the benefits and services included in my chosen plan(s), as well as their definitions; the payment, terms, and termination policies; the disclosure that this is not an insurance policy; my responsibility and authorization for payment for myself and any additional members listed as covered herein.

I acknowledge that either Cathy Smith, ND LMT or I can terminate this agreement upon 30 days written notice. If I terminate the agreement early, Cathy Smith, ND LMT retains the right to collect the difference of services rendered in order to cover expenses. This is defined as non-member prices for the member services rendered, minus the amount currently paid toward the current MP year. If Cathy Smith, ND LMT terminates, I will receive a refund of the prorated portion of the paid fees, based on the number of days elapsed in the service of the current year and the services received. Such refund will be paid to me within 45 days of termination.

I may renew this agreement at any time for subsequent MP years by paying the annual fee for the applicable MP year as determined by ACNH. The terms of this Agreement will apply to all such subsequent MP years, unless Cathy Smith, ND LMT and I agree otherwise, in writing. The current MP year begins on the date this agreement is signed.

Signature	Date
Printed Name	Status (Client, Parent, Legal Guardian)

Authorization for Payment Beginning on:

_____(mm/dd/yyyy)

Authorization for Payment Ending on:

_____(mm/dd/yyyy)

I/We have engaged Cathy Smith, ND LMT (dba SmithWorks Inc.) to provide Naturopathic medical services to me/us for a period of one year and I/we elect the following membership(s):

#1: Choose Your Plan by Printing Your Name on the Plan of Your Choice:

#2: Choose Your Plan Type by Circling (Individual or Family)	**Natural Wellness Membership Plan** _____ Print Your Name			**Massage Therapy Membership Plan** _____ Print Your Name			**Combination Wellness/Massage Membership Plan** _____ Print Your Name		
	Monthly	*Quarterly*	*Annually*	*Monthly*	*Quarterly*	*Annually*	*Monthly*	*Quarterly*	*Annually*
Individual Membership	$199 _____ initials	$796 _____ initials	$2,388 _____ initials	$179 _____ initials	$716 _____ initials	$2,148 _____ initials	$249 _____ initials	$996 _____ initials	$2,988 _____ initials
Family Membership	$274 _____ initials	$1,096 _____ initials	$3,288 _____ initials	$229 _____ initials	$916 _____ initials	$2,748 _____ initials	$324 _____ initials	$1,296 _____ initials	$3,888 _____ initials

#3: Acknowledge Your Payment Amount by Initialing the Monthly, Quarterly or Annual Fees Associated With Your Chosen Plan.

I/We choose the following payment schedule:

The Payments are scheduled for the 1st or 15th of every month. Please indicate your payment schedule here by checking your desired payment date: [ ] The 1st [ ] The 15th of each _____ (print: month, quarter, or year).

_____ Number of installments at the rate of _____ per installment.
(Monthly = 12 / Quarterly = 4 / Annually / 01)

Method of Payment:

[ ]Cash

[ ] Debit Card

[ ] Automatic Withdrawal from Bank Account

[ ] Credit Card (MC, VISA, AMEX, DISCOVERY) Circle One

[ ] Debit Card

[ ] PayPal

Automatic Withdrawal Authorization (Bank Account)

Member's Name _____ Member's Phone _____

Member's Address _____ Member's Email _____

Effective the _____ day of _____, 20_____, I/We, _____, authorize SmithWorks Inc. to make automatic withdrawals from the account shown on the attached ***voided check*** in the amount of Cathy Smith ND LMT membership fees. The fee payment will be drawn on the _____th day of each month. This authority will remain in effect until Cathy Smith ND LMT has received written notification from the Account Holder.

I may cancel my automatic payment or provide new/updated banking at any time by notifying Cathy Smith ND LMT in writing by 1st of the month prior to my next scheduled withdrawal.

If I miss the 1st deadline, to stop a payment on my next scheduled withdrawal, I must notify my bank no less than (3) business days before the scheduled withdrawal***. I am responsible for any fees assessed by my bank for the stopping payment request.***

In the event that my financial institution denies electronic payment, a non-refundable service charge of $25.00 will be assessed per occurrence.

If, at any time my account falls behind in the amount owed to Cathy Smith ND LMT, I understand Cathy Smith ND LMT reserves the right to withdraw any amount necessary to bring my account current with the next regularly scheduled automatic payment. Cathy Smith ND LMT will not withdraw any amount above that which is due at the time of withdrawal; notice may not be provided to me prior to said withdrawal.

Financial Institution:

Bank Name: _____

Bank Address: _____

Bank Phone: _____

Checking Account Routing Number: _____
(9 digits preceding your account number on the bottom of your check)

Bank Savings Account Number: _____

Bank Account Holder's Signature | Date

Recurring Debit/Credit Card Authorization

I hereby authorize SmithWorks Inc. to charge my credit card for the fees as indicated above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Cathy Smith, ND LMT in writing of any changes in my account information at least 15 days prior to the next billing date.

The Payments will be charged on the _____th of every month. If the payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. If the debit/credit card is ever declined, a $25.00 service charge will be assessed per occurrence.

If, at any time my account falls behind in the amount owed to Cathy Smith, ND LMT, I understand Cathy Smith, ND LMT dba SmithWorks Inc. reserves the right to debit any amount necessary to bring my account current with the next regularly scheduled automatic payment. Cathy Smith, ND LMT will not debit any amount above that which is due at the time of payment; notice may not be provided to me prior to said payment.

_____/_____/_____
Debit/Credit Card Number Exp. Date 3-digit security code

_____/_____
Print Cardholder Name as on card Cardholder Signature as on card

_____/_____/_____
Card Billing Address Billing City, State Billing Zip

_____/_____/_____
Primary Member Signature Printed Name Date