

## ENROLLMENT

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### Program/Services

I agree to enroll in the following SCIENTA HEALTH program (please initial):

Program	Initial	Price	Additional Testing	Initial	Price
<b>Foundation</b> (Initial)			<b>Preventive Genetics Panel*</b>		
Annual			<b>Nutrient &amp; Toxicity Profiling*</b>		
<b>Health Team Access*</b> <b>US Concierge*</b> <b>Health Reviews*</b>					
10/5 option			<b>Allergy – Comprehensive Panel</b>		
24/7 option*			<b>Allergy – Food Panel*</b>		
<b>Platinum</b> (Initial)			<b>PreGen Plus</b> <b>Colon Cancer Screen</b>		
Annual			<b>Pharmaco-genetics Panel</b>		

\* Included in Platinum

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### Payment

**1. Full payment due on testing day (except for Platinum): .....**

**2. Platinum Program Payment Options**

Initial	Option	Details	Subtotal	GST	Total
	Option 1	Payment in full on Enrollment			
	Option 2	Program Total			
		Deposit - 60% on Enrollment			
		Balance - due at Strategy Session #1			

The deposit (option 2), or 60% of the full payment (option 1), becomes NON REFUNDABLE upon testing.

Please initial \_\_\_\_\_

## 2. Payment Information

For the purpose of payment, I am providing my credit card information and authorize that it be used to process payment of balances of due, including remaining program fees, appointment and/or cancellation fees and my purchase of health products not included in the program.

	VISA	Mastercard	AMEX	
Name as on Credit Card				
Card #				
Expiration date (mo/year)				

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### **Policy on Changing Appointments**

For appointments cancelled or changed less than 48 hours prior to the scheduled appointment time, I acknowledge that, at the discretion of Scienta Health, I may be charged the following:

- \$300 - Strategy Session #1
- \$150 – Initial Testing, Strategy Session#2 and/or Follow-up Appointments
- \$100 – Fitness Assessment

Please initial \_\_\_\_\_

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### **Program Acknowledgements and Consents**

#### *Personal Responsibility*

By enrolling in this program, I will receive advice from the medical team. They may propose nutrition and lifestyle changes, prescribe supplementation or medication, and offer various therapies to manage my health. I acknowledge that my compliance with the program will be a key factor in determining the outcome.

Please initial \_\_\_\_\_

#### *Testing and Information Retrieval*

I give consent to Scienta Health Centre to administer medical testing as required by the program. Where applicable, I authorize Scienta Health Center to retrieve past medical test results from laboratories and clinics for the purposes of completing my medical background information.

Please initial \_\_\_\_\_

*Potential Additional Costs*

I understand that supplementation and/or medication, based on my individual health requirements, may be prescribed and may be outside the cost of my enrolled program.

Please initial \_\_\_\_\_

*Duration of Program*

I am aware that my program [except Foundation] will expire one year from the date of my initial Testing Appointment, and that all appointments and testing included in my program must be completed within this one year time frame. Additional charges may apply for repeat blood work and professional appointments that occur after this time period. The Foundation program expires in 3 months from the date of initial Testing.

Please initial \_\_\_\_\_

*Research Data*

Scienta Health utilizes lab and other test result anonymously, in aggregated form only, to identify and research health issues and program effectiveness. I agree to allow Scienta Health Center to include my test results, on an anonymous and aggregated basis, to conduct research under the supervision of Dr. Elaine Chin, Chief Medical Officer. I will be assured of total confidentiality and protection of my personal identity.

Please initial \_\_\_\_\_

*My Health Files*

I authorize Scienta Health to post my medical information in an electronic online format, "My Health Files", accessible via the Scienta Health website. I am aware that my files will be encrypted for security and privacy and will be accessible only to me, with a user ID and password which I will control.

Please initial \_\_\_\_\_

*Privacy Policy*

I am aware that Scienta Health complies with all legal and privacy regulations in the jurisdictions that it operates.

Please initial \_\_\_\_\_

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Scienta Health will update me from time to time with new information about programs and health issues.

(Please check here to be removed from email list: \_\_\_\_\_ )

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Client Name *(please print)*

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Witness Name *(please print)*

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Client Signature

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Witness Signature

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Today's Date