



Optional Patient Sharing Agreement

Orville R. Weyrich, Jr, PhD, NMD, BCN, ABAAHP

I (the patient) have either been a patient of Dr. Orville Weyrich, Jr or Robert Gear, Jr either before April 1, 2022, or have been referred to Dr. Weyrich by a third party who was not working as an agent of 4 Health and Wellness at the time, or by Dr. Weyrich's web site, social media, or advertising (Please describe below).

I wish to be treated in person at 4 Health and Wellness, and understand that all services rendered at that location will be paid for either by cash, credit card, or check made out to **4 Health and Wellness**.

I also wish to be treated remotely by telephone or Internet, and understand that all services rendered in this manner will be paid for either by cash, PayPal, or check made out to **Dr Orville Weyrich**. I understand that because of lower overhead, Dr. Weyrich's fees for remote treatment are lower (currently \$25/hr) than in-person treatment (see 4 Health and Wellness fee schedule).

I understand that payments made to 4 Health and Wellness will be entered into their accounting system, while payments made to Dr. Weyrich will be entered into his accounting system, and in either case will only be accessible through the respective accounting system.

In order to maintain continuity of care, I also authorize sharing of my medical records between 4 Health and Wellness and Dr. Weyrich.

Patient Name: _____ DOB _____

Signature: _____ Date: _____

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