



This agreement is entered into effect on \_\_\_\_\_ by an affiliate that DBA Options Medical Weight Loss ("OMWL"), and \_\_\_\_\_, "Client."

\_\_\_\_\_ **Program Cancellations:** Programs may be cancelled within 72 business hours of purchase date, and the value of all unused services will be refunded once necessary items are returned to OMWL. Any dispensed medications and/or injections taken out of clinic may not be returned and are nonrefundable.

\_\_\_\_\_ **Late Payments:** There is a \$15 fee for late payments. After 60 days of an account being in default, a letter will be sent, and Client will have 30 days to pay remaining balance in full. If not paid, the Client's account will be turned over to a third party to collect any remaining balance.

\_\_\_\_\_ **Counseling Session Usage:** All weight loss counseling sessions must be completed in consecutive weeks beginning with the first counseling session, at a rate of one session per week. All other services expire 1 year from the purchase date.

\_\_\_\_\_ **Weight Loss Counselors:** OMWL weight loss counselors are all trained and certified in the Options Diet System ("ODS"), Fast Options, and HCG programs. While our goal is to maintain your experience with the same counselor throughout your program, situations may arise where you will be seen by a different counselor.

\_\_\_\_\_ **Counseling Session Cancellation/Late Policy:** Client must give a 24-hour notice to cancel or reschedule appointments. If a counseling session is cancelled or rescheduled within 24 hours, Client will be charged for that session. If Client is over 15 minutes late to an appointment, they will be able to weigh in, get an injection, and pick up food; however, this will not be done by the counselor due to scheduling conflicts. A session will still be charged for that day.

\_\_\_\_\_ **Provider Visits:** After the initial visit, whether in-person or telemedicine, all visits will be done via telemedicine unless otherwise prescribed by provider. A provider visit is included with each two-week or one-month prescription. Each additional visit costs \$59 unless otherwise noted by the provider. An in-person provider visit can be requested for an additional \$40 charge.

\_\_\_\_\_ **Provider Visit Cancellation/Late Policy:** If a provider Visit, both in person or telemedicine, is cancelled or rescheduled within 24 hours, a \$20 fee will be applied in lieu of removing a credit. If Client is over 5 minutes late to a provider visit, the appointment will be considered cancelled, and Client will be charged a \$20 fee.

\_\_\_\_\_ **Prescription Medication:** All programs cover initial medication. Prescriptions are only valid for 3 weeks from the date prescribed. If medication is not picked up within 3 weeks, the prescription will be voided, the medication will be returned to inventory, and an additional provider exam is required to refill the prescription. If additional medication is needed above the normal prescription, Client is responsible for a charge of \$1 per pill. Additional charges are required for, but not limited to, time released Phendimetrazine, Diethylpropion, and Phentermine/Topiramate.

\_\_\_\_\_ **Bloodwork:** Client must complete bloodwork within the first two weeks to refill medication. Client must fast for 2 hours prior to the bloodwork appointment, where only water is permitted. If Client does not fast and is denied medication due to blood work results, the Client will be responsible for all costs of another test.

\_\_\_\_\_ **Product Costs:** Client understands that all ODS products, sauces, bio-box, and additional HCG supplies are an extra cost and not included in any package. ODS is a 4-phase program that requires ODS food products for best results. Patients can expect to use a minimum 4 products per day in Phase 1, 3 products per day in Phase 2, and 2 products per day in Phase 3. ODS food products are optional in Phase 4.

\_\_\_\_\_ **Returns:** Only unopened ODS food products may be returned for a store credit. Once opened, the item may not be returned and is nonrefundable. Dispensed medication and injections cannot be returned and are nonrefundable. All products must be returned within 30 days of original purchase for store credit.

\_\_\_\_\_ **Business Hours:** Clinic staff are only available during business hours and will not respond while the clinic is closed. If the issue is a medical emergency, please call 911.

OMWL reserves the right to change this agreement. Any revisions will be posted in the lobby and available upon request.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Client Informed Consent

### OPTIONS MEDICAL WEIGHT LOSS

This Informed Consent Form is intended to give fair notice of the requirements of clients seeking to participate in the HCG Diet Program at office affiliate that DBA **OPTIONS MEDICAL WEIGHT LOSS**, to fully disclose any risks associated with participation in the HCG Diet program, and to obtain written "Informed Consent" from the client to undergo treatment by health care professionals associated with the above stated clinics.

#### History of HCG for Weight Loss

Although the HCG diet has gained popularity in the past few years, the HCG diet dates to the 1950s. Columbia University explains that British doctor Albert T. Simeons was the first medical physician to experiment with HCG for dieting purposes. {1} Papers on the Simeons therapy have been published regularly since 1954. The Simeons therapy is a slimming therapy in which the patient, over a period of 3.5 to 6 weeks, keeps to a fat-free diet of 500 kilo-calories (kcal) day, as prescribed by Simeons. At the same time the patient receives daily an intramuscular injection of 125 International Units (iu) of human chorionic gonadotropin (HCG). HCG is a hormone that occurs in the body in large quantities during pregnancy. It is obtained from the urine of pregnant women and is used to make a drug for the treatment of certain infertility problems

Simeons developed the therapy on the basis of his experience of using HCG to treat young boys suffering from (Dystrophia adiposito-genitalis). It is claimed that overweight patients who follow the Simeons therapy will a) lose weight quickly, b) not feel weak, c) not be hungry, and d) lose fat from those parts of the body where it tends to remain longest during normal dieting (i.e. stomach, hips, thighs, upper arms).

#### The American FDA Requires the Following Disclaimer

"HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or 'normal' distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets";

#### Allergic Responses and Important Information

{2} You should not use this medication if you have ever had an allergic reaction to HCG, or if you have:

- Early puberty (also called precocious puberty); or a hormone-related cancer (such as prostate cancer).

Before receiving HCG tell your doctor if you are allergic to any drugs or if you have:

- a thyroid or adrenal gland disorder;
- an ovarian cyst;
- premature puberty;
- cancer or a tumor of the breast, ovary, uterus, prostate, hypothalamus, or pituitary gland;
- undiagnosed uterine bleeding;
- heart disease;
- kidney disease;
- epilepsy;
- migraines; or
- asthma.

*If you have any of these conditions, you may need a dose adjustment or special tests to safely use HCG.*

{1} BR J Clin Pharmacol 1995; 40: 237-243

{2}Reference {<https://www.drugs.com/hcg.html>}



### HCG Side Effects

Stop using HCG and get emergency medical help if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat. Call your doctor at once if you have any of these signs of a blood clot: pain, warmth, redness, numbness, or tingling in your arm or leg; confusion, extreme dizziness, or severe headache.

Some women using this medicine have developed a condition called ovarian hyperstimulation syndrome (OHSS), especially after the first treatment cycle. OHSS can be a life-threatening condition. Call your doctor right away if you have any of the following symptoms of OHSS:

- severe pelvic pain;
- swelling of the hands or legs;
- stomach pain and swelling;
- shortness of breath;
- weight gain;
- diarrhea;
- nausea or vomiting; or
- urinating less than normal.

HCG can cause early puberty in young boys. Call your doctor if a boy using this medicine shows early signs of puberty, such as a deepened voice, pubic hair growth, and increased acne or sweating.

Less serious side effects may include:

- headache;
- feeling restless or irritable;
- mild swelling or water weight gain;
- depression;
- breast tenderness or swelling; or  
pain, swelling, or irritation where the injection is given.

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Initials

### Pregnancy and Breast Feeding

Although HCG can help you become pregnant, this medication is in the FDA pregnancy category X. This means that using this medication or any other weight loss prescriptions we prescribe once you are pregnant can cause birth defects in the baby. Do not use HCG or any other obesity medications prescribed to you while on our program if you are pregnant. Tell your doctor right away if you become pregnant during treatment. It is not known whether HCG passes into breast milk. Do not use HCG without telling your doctor if you are breast-feeding a baby.

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### What other Drugs Will Affect HCG

There may be other drugs that can interact with HCG. Tell your doctor about all the prescription and over-the-counter medications you use. This includes vitamins, minerals, herbal products, and drugs prescribed by other doctors. Do not start using a new medication without telling your doctor.



OptionsMedicalWeightLoss.com

"OPTIONS for every BODY"

### Mandatory Adherence to Diet Protocol

This affiliate office that DBA **OPTIONS MEDICAL WEIGHT LOSS** mandates that the diet protocol is adhered to exactly. Since the program is diet related and completed off site, this affiliate office that DBA **OPTIONS MEDICAL WEIGHT LOSS** does not guarantee results. Results may vary from client to client.

### Medication Release Form

By signing this form, I certify that I received client education and verbal counseling information on one or more of the following drugs:

- Phentermine Hydrochloride
- Phendimetrazine Tartrate
- Diethylpropion Hydrochloride
- Hydrochlorothiazide
- Phentermine/Topiramate
- Metformin
- Human Chorionic Gonadotropin (HCG)

I understand that it is in my best interest to read and understand the material I have received. I furthermore do not hold **Options Medical Weight Loss LLC or any affiliate that DBA as Options Medical Weight Loss** or any of its practitioners responsible if I do not read or follow the instructions for taking any of these drugs. I also understand that I must take the prescribed medication as instructed by the medical provider

### Signature of Client

Client Signature \_\_\_\_\_ Date \_\_\_\_\_



## Self Administered Injection Waiver

- **The clinic that DBA's (Options Medical Weight Loss) has provided the information concerning self-administered injections, provided the self-injection guide and has answered all questions regarding administering an injection.**

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- Injections expire 60 days after constitution. There is no refund for unused injections that have been taken from the clinic.

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- Injections that have been taken from the clinic may **not** be brought back for any reason unless they are in a sealed Bio-hazard container.

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Initials

- **It is against the law to throw injections away in the regular garbage and they must be disposed properly. Injections must be placed in a Bio-hazard container to be picked up by a medical waste company.** An affiliate that DBA Options Medical Weight Loss sells Bio-hazard containers for \$9.99 plus tax and will dispose at no additional cost. The entire Bio-hazard container must be disposed.

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- *HCG Injections* must be refrigerated at all times. The hormone may lose potency if left out for too long.

*Lipotropic Injections* are sensitive to light and may lose potency if not stored within the amber bag or if they are left out in the light. **Options Medical Weight Loss LLC or any affiliate that DBA Options Medical Weight Loss** will not be responsible for any injections that have not been stored properly.

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Initials

- I have had the opportunity to discuss the nature and purpose of the medical treatments and other procedures with the doctor and/or office personnel. I agree to these procedures and intend to follow procedures during the duration of my treatment. I understand by taking my injections home, **Options Medical Weight Loss LLC or any affiliate that DBA Options Medical Weight Loss is not liable for any consequences that may result from self-administering an injection.**

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Initials

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Subcutaneous trained

Intramuscular trained

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Staff Initials

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Staff Initials



## CONSENT FOR TELEMEDICINE SERVICES

Telemedicine is the delivery of healthcare services when the healthcare provider and patient are not in the same physical location through the use of technology. Electronically transmitted information may be used for diagnosis, therapy, follow-up and/or patient education, and may include any of the following:

- Patient medical records.
- Medical images.
- Interactive audio, video, and/or data communications.
- Output data from medical devices and sound and video files.

The interactive electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

**By signing this form, I understand and agree to the following:**

1. The laws that protect the privacy and confidentiality of medical information also apply to telemedicine. No information obtained during a telemedicine encounter which identifies me will be disclosed to researchers or other entities without my consent.
2. I have the right to withhold or withdraw my consent to the use of telemedicine during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment, nor will it subject me to the risk of loss or withdrawal of any health benefits to which I am otherwise entitled.
3. I have the right to inspect all information obtained and recorded during the course of a telemedicine interaction and may receive copies of this information for a reasonable fee.
4. Telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out-of-state.
5. I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured. My condition may not be cured or improved, and in some cases, may get worse.

### **Patient Consent To The Use of Telemedicine**

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

Print Your Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_