

## IV Hydration Club LLC Clinical Policies

### PATIENT CONSENT FOR IV INFUSION AND INJECTION THERAPIES WITH IV HYDRATION CLUB LLC.

- If you are late or miss your appointment, you may be subject to a \$50 fee.
- Services must be paid for at the time of service.
- Health insurance typically does not cover services provided at IV Hydration Club LLC.
- I understand that treatments used at IV Hydration Club LLC might not be considered a medical necessity. Treatments rendered are for the purpose of improving your quality of life.
- I agree that if I am having any side effects or become sick, that I will follow up with my primary care provider or go to an urgent care or emergency department.
- I acknowledge that IV Hydration Club LLC is not my primary care provider. I agree that I will continue with routine care through my primary care provider and notify them of treatments prescribed and performed at IV Hydration Club LLC.
- I understand that having an appointment with IV Hydration Club LLC does not necessarily entitle me to having an IV infusion or injection procedure performed. Every individual is different, and it is at the medical provider's discretion to issue treatment.
- I acknowledge that I have been advised of the risks and benefits of treatment. I also acknowledge that I have been advised of possible complications and side effects. I understand the risks, benefits, complications, and side effects of treatment.
- I am voluntarily requesting treatment with IV Hydration Club LLC in regard to IV infusion therapy and injection therapy as determined by a mutual decision between myself and the medical provider even if it is not considered a medical necessity.
- I do not hold any medical practitioner of IV Hydration Club LLC responsible for performing age-related preventive care. I agree that I will follow up with my primary care provider to obtain these screenings and I hold IV Hydration Club LLC harmless if an adverse event occurs during my treatment.

### IV Infusion and Injection Consent Form

This form outlines that you understand that a peripheral intravenous catheter will be inserted into a vein in your body, and you will have fluids, vitamins, minerals, nutrients, and/or medications infused directly into your body. This is considered "IV Infusion Therapy." If you are having injection therapy, then you understand that a vitamin, mineral, nutritional compound, and/or medication will be injected directly into the subcutaneous fat or muscle of your body. This is considered "Injection Therapy."

- I understand that IV infusion and injection therapy at IV Hydration Club LLC is not intended to diagnose or treat a specific medical condition.
- I understand that IV infusion and injection therapy will not prevent, treat, or cure any medical condition or disease. Furthermore, I understand that I am here seeking IV infusion and/or injection therapy voluntarily to assist with certain symptoms or ailments I may be experiencing. ● I have informed IV Hydration Club LLC of all the medications, supplements, and allergies that I have. I understand that serious adverse events could happen if I do not disclose all of my drug/food/vitamin/and additional allergies and medications/supplements that I am currently taking.

- I understand that IV and injectable therapy and any claims made about these treatments have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease. I understand that these treatments are not FDA approved for any given indications of treatment and are not considered a medical necessity.
- I understand that I have been informed of the procedure involving IV infusion and injections, the alternative treatment options, and the risks and benefits of the mutually agreed upon treatment.
- I understand that the procedure involves inserting a needle into a vein or having a solution injected into my muscle or body fat.
- I understand that common risks involved with IV and injection therapies include, but are not limited to, irritation, pain, discomfort, bruising, and bleeding at the site of the IV insertion or injection.
- I understand that less common risks involved with IV and injection therapies include, but are not limited to, infection at the site of the IV insertion or injection, injury to the tissue, phlebitis, low blood pressure, fainting, fluid volume overload, medication interactions, and drops in blood sugar levels.
- I understand that rare side risks involved with IV and injection therapies include, but are not limited to, sepsis, severe allergic reactions, severe medication/supplement interactions, anaphylaxis, blood clots, shock, cardiac arrest, and death.
- I understand that the benefits of IV and injection therapies include, but are not limited to, enhanced absorption of vitamins and minerals as they bypass the digestive tract, increased total body hydration, alleviation of certain symptoms, increased total body nutrient density, and improved performance/recovery.
- I affirm that I am voluntarily seeking IV infusion and injection therapies at IV Hydration Club LLC and have not been coerced into doing so.
- I understand the risks and benefits of the procedure, IV infusion therapy, and injection therapy and have had all my questions answered to my full satisfaction.
- I understand that unforeseeable complications can arise when an IV is placed and medications/fluids/minerals/vitamins are infused into the body.
- I understand that I have the right to refuse any treatments or treatment recommendations at any time. Voluntary Nature of Treatment and Alternative Therapies Treatment with IV and injectable vitamins/hydration/nutritional/mineral and/or medications offered at IV Hydration Club LLC is completely voluntary in nature. Alternative therapy for the symptoms you are seeking IV infusion and injectable therapy for include, but are not limited to, ongoing treatment by your primary care provider and/or specialty provider, oral supplementation, and dietary/lifestyle modifications. I acknowledge that IV infusion and injection therapy provided at IV Hydration Club LLC is voluntary in nature and that I am seeking out this therapy on my own or from the recommendation of my referring provider. I acknowledge that I have also notified my medical and/or mental health provider about my decision to undergo IV and injectable vitamin/hydration/nutritional/mineral therapy. I acknowledge the alternative treatment options and have voluntarily decided to pursue IV and injectable therapy.

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that I am voluntarily engaging in a telemedicine consultation done by a “store and forward” route with IV Hydration Club LLC. I understand that I am submitting a health questionnaire that will contain my basic medical history, current symptoms (if any), and goals for treatment that will be reviewed by a licensed medical provider. The medical provider will then approve the desired medical interventions and/or prescriptions being requested after reviewing your submitted information. Your request will be approved pending any contraindications to therapy and you will be notified by email within 12-24 hours. If the medical provider does not approve the interventions and/or prescriptions being requested, you will be notified by email and will be refunded, in full, the purchase price of the skin care prescriptions.
2. I understand that the health questionnaire I fill out on this website that will be submitted to the medical provider will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider. I understand that this is a convenience and a courtesy provided by IV Hydration Club LLC.
3. I understand that a telehealth consultation has potential benefits including easier access to care, decreasing costs, and allowing visits to be performed from the comfort of my home.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth consult/visit if it is felt that the video conferencing connections are not adequate for the situation.
5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. I understand that if there is another individual present during the telehealth consultation (if done via video or phone) that I will be informed of their presence and I will also disclose if there is another individual with myself. It is agreed that these individuals will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room: and or (3) terminate the consultation at any time.
6. I understand that the alternative to a telemedicine consultation is to forgo evaluation and treatment with IV Hydration Club LLC and to seek out an in-person evaluation elsewhere. Thus, I am freely choosing to participate in a telemedicine consultation via a “store and forward” route.
7. I understand that telemedicine has limitations in regard to the physical examination. I understand that the physical exam portion of the care provided through IV Hydration Club LLC will be limited or not done at all. I understand that I am submitting a health questionnaire that will contain my basic medical history, current symptoms (if any), and goals for treatment.
8. Telemedicine services offered through IV Hydration Club LLC are not an Emergency Service and in the event of an emergency or urgent medical issue, I will use a phone to call 911, go to the emergency department, or go to an urgent care.

#### Indemnification Clause

I agree to indemnify, defend, protect, and hold harmless the medical providers employed by IV Hydration Club LLC; and their respective officers, directors, employees, stockholders, assigns, successors and affiliates (Indemnified Parties) from, against and in respect of all liabilities, losses, claims, damages, judgements, settlement payments, deficiencies, penalties, fines,

interest and costs, expenses suffered, sustained, incurred or paid by the indemnified parties, in connection with, results from or arising out of, directly or indirectly, the medical providers employed by IV Hydration Club LLC;; rendering medical care, services, advice, and/or treatment, my failure to disclose all relevant information regarding my medical and physical condition, acts or omissions, the medical providers employed by IV Hydration Club LLC;; harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by IV Hydration Club LLC;. I am aware of the potential side effects associated with IV infusion and injectable therapies provided by IV Hydration Club LLC, accept all the risks involved with IV infusion and injectable therapies, and will not seek indemnification or damages from the indemnified parties.