

Patient Informed Consent

Arnold L. Petersen, MD, Stacey S. Perry,
hCG Weight Loss Clinic, LLC

The program you wish to participate in is structured to help you reach your weight loss goals. It is important that you utilize the information thoroughly you will be provided. Maintaining the follow up portion of our program is essential to the on-going success. Please read the following statements about our programs and claims. Be sure to sign your name at the bottom of this sheet. Your signature acknowledges that you understand all the information provided to you and that you are in agreement with the foregoing statements.

It is important to have reasonable expectations of any weight loss program. The success of the program will be contingent on your current level of health, any ongoing medical problems, and how effectively you adhere to program recommendations. Definite and everlasting results cannot be guaranteed. Our recommendations will reflect a best effort generated from all the latest information and research available. We cannot be held responsible for lack of weight loss.

Sometimes, undesirable effects occur as with any medication. Results vary with individuals, also. As a result of this, no warranties or guarantees can be provided with this program.

All attempts will be made to communicate in a timely manner but occasionally, due to excessive volume and daily circumstance there may be a slight delay in returning your calls or emails. If you have not received a return call or email, please try again.

It is the responsibility of each patient to follow the program instructions exactly, attend weekly office visits and call or email our office if they have any questions or concerns.

Each patient may choose to consult with any physician regarding this weight loss program. If another physician is consulted, the patient agrees to provide the name and contact information for that physician and they understand that they are relying entirely on his/her opinion and evaluation, not that of hCG Weight Loss Clinic, LLC or Arnold L. Petersen, MD.

If a patient is using more than one medical provider for the same procedure, we have the right to terminate your program with us. There are no refunds for services or products. No patient files are released to third party providers. All materials in a patient file remain the property of the clinic.

You agree that you will not share any of the materials that we provide, sell or trade information we use in our programs and you are not allowed to share your medications with anyone. This is intended for your use only. You agree to use everything as prescribed and directed by our team at all times.

You, the patient, agree that you have been checked and screened for serious illness and disease, e.g. diabetes, cancer, risks of heart attacks, and other similar disorders, and proclaim you are free of these types of diseases and do not have any active disease, at this time, other than what is indicated in your medical history form. You also agree that you have been trained and have been given materials on proper injection, sharps disposal practices and on the hCG Weight Loss Program. You agree that you understand the training and materials you have received and have had all questions answered to your satisfaction.

By signing this consent, you are indicating that you understand the statements and comments above and agree to participate in the program. You agree to adhere to all clinical recommendations, and maintain all the appropriate testing and weekly office visits. You understand that there are risks associated with any medical

and/or nutritional program and accept liability of participating in this respective program. You agree that if there are any adverse responses to any medical or nutritional interventions, we reserve the right to discontinue the program. You also understand that you may discontinue this weight loss program at any time. You agree that you understand the benefits and risks associated with this program.

You understand that we utilize the services of many vendors, e.g., manufacturers, pharmacies, blood draw services, etc.. We do not offer unconditional guarantees about the services or actions of any vendor that is providing service or products to you. Vendors may offer their own warranties or guarantees, but we do not extend any additional reassurance to patients on their behalf. We make every effort to enforce an excellent level of service and goods from all vendors and you understand that this is the extent of our commitment to you. In rare circumstances, there may be difficulties with a vendor but in most cases, there is earnest intent to satisfy patients.

You understand that these types of programs can take many months before indicating the desired results and also includes your adherence to diet, dosages and other recommendations. Dr. Arnold L. Petersen, Stacey Perry, and hCG Weight Loss Clinic, LLC reserve the right to discontinue treatment should your medical condition become adverse.

Patient Signature: _____

Witness: _____

Date: _____

Dear Patient,

Here is a summary of some very important points that we need to convey to you. The points are brief and specific. They re-cap information indicated in the Consent form you signed. It is necessary to include this in all our files.

- 1) I understand that there are no refunds for services or products.
- 2) I understand that I must adhere to the clinical program as indicated in my treatment plan.
- 3) I have been trained in and given materials on proper injection and sharps disposal practices.
- 4) I understand that I must have at least one consult with our Medical Director and weekly office visits thereafter.
- 5) I understand that I may consult with another physician regarding this weight loss program and that I if I do, I will rely entirely on their recommendations and opinions, not those of Dr. Arnold Petersen or hCG Weight Loss Clinic, LLC
- 6) I understand that there is absolutely no guarantee that this weight loss program will be totally effective.

Please sign this note and return it to us, prior to enrollment. Thank you for your cooperation.

Patient Signature: _____

Date: _____