



## General Consent

I agree, as a patient seeking health care services, to establish a relationship with Novellus Health, LLC, its providers, staff and any affiliated ancillary care provider in order to obtain medical care. I understand that Novellus Health, LLC is a medical group focused on health and wellness. Health and Wellness may include, but is not limited to hormone replacement therapy, weight loss, Intravenous Therapy. I understand that Novellus Health, LLC is not my primary care provider and does not replace the role of my primary care provider or specialists, and I acknowledge that it is important to continue these types of services for care. I agree to inform all of my health care providers of any treatments or medications prescribed by Novellus Health, LLC. If underlying health problems are suspected, or become evident during the course of my treatment, I may be asked to suspend services, until the underlying issues are addressed. In addition, I may be required to obtain medical clearance from a primary care provider or specialist before receiving services or to restart services from Novellus Health, LLC.

I understand that Medicine is not an exact science and the risks and benefits of care and results of prescribed medications vary. Care plans and medications will be explained to me based on the standards of practice, providers knowledge base and available information. However, in the practice of medicine there is always a risk of side effects, or negative outcomes. Also, I understand that results are individualized and vary; therefore, my personal outcome may be outside of the expected outcome. Also, I agree to hold Novellus Health, LLC, the individual practitioners, staff or any affiliated care providers harmless from any undesired outcome based on treatments, prescribed substance, acts of omission, neglect, or any other cause during the course of my treatment. If a lawsuit is filed against Novellus Health, LLC and it is adjudicated in their favor, I agree to pay Novellus Health, LLC the full costs of attorney's fees, hourly wages spent managing the issue, supplies, transportation fees, or any other cost associated in the defense of Novellus Health, LLC.

I authorize any representatives of Novellus Health, LLC access to my personal health record to obtain or transmit medical, or any other information necessary, as needed for the provision of care while under this service. Novellus Health, LLC and its representatives have permission to request records used to determine eligibility for services or those needed for clinical information, or for other purposes related to the health care and payment. I agree to accept communications from my provider or any other representative through face to face, telephone, telephone messaging, secure text or telehealth platforms.

I agree to allow my personal health information to be left on my designated phone numbers voicemail, if no answer on my phone.

I understand that as part of this service it is my sole responsibility to obtain laboratory services needed, in a timely manner, in order for the Novellus Health, LLC clinician to continue to provide care. Failure to obtain timely testing may result in termination from service. I understand that it is also my sole responsibility to deal with the laboratory service, or any other ancillary service, and my own personal health insurance company in order to arrange for payment of lab, or any other ancillary services.

I understand that all services and goods received through Novellus Health, LLC must be pre-paid and this is a cash for Medical Services Agreement. Novellus Health, LLC will NOT bill my health insurance. I understand there are NO REFUNDS. I authorize Novellus Health, LLC and their affiliates to bill me directly, or make charges to my debit or credit card for services or goods before they are provided, at the time of service, or if there is an outstanding debt. I authorize Novellus Health, LLC to issue payment to any affiliated

provider for outstanding charges to cover any charges directed towards Novellus Health, LLC for failure of payment. I authorize a credit or debit card number to be kept on file. I understand that Novellus Health, LLC offers programs that require recurring charges and if I am in one of these programs, per the medical or other documentation, I authorize recurring credit or debit card purchases to be made on the card on file. I agree to notify Novellus Health, LLC of any changes to my 'card' on file that may impact payment. Checks received must be cleared prior to services or goods being rendered. Cash payments in the exact amount may be made at the point of service, and a receipt will be handwritten, mailed or emailed. I am aware and fully understand that the responsibility for any payment or any other amount owed, is my responsibility. I understand that failure to make any payments for outstanding charges may be turned over to a collection agency.

If using a credit or debit card I understand I will be charged an additional 3.5% of the gross amount, in order to cover the credit card processing fees.

I understand that Novellus Health, LLC can cancel my services at any time with, or without cause. A letter of termination, phone call, voice mail, email or verbal notification may be given. If I am terminated from Novellus Health, LLC and file complaints with any agency, regulatory or governing body, I agree to reimburse Novellus Health, LLC, its members or ancillary service providers the cost of hourly wages, attorneys fees, or any other fees associated in managing the complaint, if dismissed or adjudicated in the favor of Novellus Health, LLC.

I authorize images of my personal identification card, insurance cards on file for ancillary services such as laboratory, or any other personal identification or payment information to be transmitted and received electronically or otherwise, as needed by Novellus Health, LLC, its affiliates, or other businesses, connected to the provision of care.

I authorize all communication, photography and all diagnostic imaging results, or any other information pertaining to my care, payment or otherwise to be transmitted electronically.

I authorize Novellus Health, LLC to charge \$25.00 to the card on file or bill me directly for each scheduled visit with the provider, in which I am not available, if the appointment was not canceled at least twenty-four hours in advance as a No-Show Fee. A No-Show Fee is in addition to any other charge and is in all practicality an extra charge. I understand that at the time of the appointment the Novellus, LLC provider will only knock on the door or ring the doorbell of the address on file at the time of the appointment and attempt one phone call if a number is available. If there is no answer via phone or at the entry to the location, the Novellus, LLC provider or representative will depart. As a courtesy the provider or representative may choose to wait up to 15 minutes beyond the appointment time, but is not obligated to do so.

I acknowledge that Novellus Health, LLC has provided me with an opportunity to receive a copy of this consent via email, or fax. Novellus Health, LLC conforms with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulations. I also agree and understand that any general questions regarding policies can be obtained on the HIPAA website, or to the best of their ability, through Novellus Health, LLC.

Customer Signature \_\_\_\_\_ Printed Name \_\_\_\_\_