



Practice Policies, Patient Responsibilities, & Informed Consent

Thank you for choosing Conventions Wellness! It is our mission to provide comprehensive, tailored treatment to all our patients. To give this quality of care, we ask that you adhere to our Practice Policies, Patient Responsibilities, & Informed Consent.

Cancellations & No-show Appointments I will notify the office at least 24 hours prior to your scheduled appointment time if you are unable to attend. If I arrive more than 10 minutes after your scheduled appointment time, it is up to the provider's discretion to keep your appointment. Canceling less than 24 hours in advance, arriving more than 10 minutes late, or no-show may result in a non-refundable \$25 fee to the credit card on file. Due to unexpected and crisis situations, providers and staff request patience while waiting.

Insurance Insurance is not accepted at this clinic and all fees are my responsibility. I am aware insurance information may be requested for use of prescription prior authorizations. I authorize Conventions Wellness to release to my insurance company or its representative, information requested including but not limited to my diagnosis and records of my treatment by this practice.

I understand that some medications prescribed may be used 'off-label' for weight loss and insurance may not cover the cost of the medication. If not covered, I will notify the clinic to discuss alternative medication options or pay for the medication out-of-pocket. I am responsible for the cost of medication, except for phentermine 37.5mg from Total Care Pharmacy at 4300 Weaver Parkway, Warrenville, IL 60555. I am aware that NWLC cannot be held accountable for any out-of-pocket costs due to medication denied by insurance.

Medical I agree to be under the care of a primary care physician. will inform Conventions Wellness of any changes to my medical status, such as medication changes or diagnoses. All the medical/surgical information I have given to Conventions Wellness is correct and complete to the best of my knowledge. I understand that dietary management and physical exercise are necessary components of this program and must be utilized for optimum results. I have not been given any guarantees or promises regarding the expectations or results. I understand that weight loss alone carries some risk, including gallbladder disease. I freely and voluntarily consent to participate and agree to follow the instructions given.

Diabetes I understand that if I am ever to be diagnosed with Type 2 Diabetes Mellitus, I will follow up with a PCP or specialist for my diabetic care. Although some medications prescribed may help lower my A1c, I will continue to follow up with my diabetic provider for routine labs, health screenings, referrals, medication adjustments, and any other questions/concerns regarding my diabetic diagnosis.

Medications I understand that medications used in this program may have side effects and/or adverse reactions. These may include high blood pressure or altered insulin requirements in diabetics. I agree to stop taking the medication IMMEDIATELY, seek medical attention, and report to this office if any of the following occurs: decreased exercise tolerance, leg swelling, unexplained shortness of breath, chest pain, blurred vision, or altered consciousness.

GLP-1 I have been made aware of the black-box warning of medullary thyroid cancer with use of GLP-1 agonists (such as semaglutide, dulaglutide, liraglutide, etc.). I understand that there may be adverse reactions to the medications, including rapid heart rate, restlessness, agitation, poor sleep, dizziness, headaches, blurred vision, psychosis, dry mouth, constipation, diarrhea, nausea, stomach pains, frequent urination or discomfort urination, changes in sex drive, pancreatitis, gastroparesis, gallbladder disease, hypoglycemia, and dehydration. If obtaining a GLP-1 from a compounding pharmacy, I am aware that this medication is not FDA approved and will not hold Conventions Wellness liable for any adverse effects or reactions that may occur due to compounding.



Stimulants I understand that it is not permitted to obtain appetite suppressants from more than one prescriber or clinic. I will not obtain appetite suppressant prescriptions filled from multiple pharmacies. Random pill counts and drug screens may be conducted for your safety and compliance monitoring.

Medication Safety Use medication only as prescribed. Do not increase or decrease dose or frequency, or abruptly stop taking medication without your prescriber's knowledge or permission. Keep medications and prescriptions in a secure, safe place preventing others' access to these medications. Do not share or sell medications to anyone, including family members, as state and federal law prohibit this. Do not use alcohol or illegal substances while taking medications or while driving. Tolerance can occur with the use of some medications. Tolerance is defined as a need for a higher dose to maintain the same effect. If your prescriber determines that continued escalation of the dose is not in your best interest, these medications may need to be discontinued or may necessitate switching to another form of treatment. Your prescriber may choose to discontinue your medication, including controlled substances, if he/she believes that your: condition is not improving, medication usage is escalating, or if you begin to experience unacceptable side effects.

Refills Medication refills, early refills, or adjustments only occur during appointments. Medication might not be replaced if lost, destroyed/damaged, or stolen without proper documentation. A police report is required for any stolen or missing controlled substances, including phentermine. Your prescriber reserves the right to deny replacing them at their discretion.

Pregnancy Individuals who have the ability to become pregnant: I have been informed that I should NOT get pregnant while on medications and confirm that I am not pregnant or trying to get pregnant at this time. I agree to immediately notify my prescriber if I become pregnant. Medications could be harmful or fatal to the fetus. I agree to hold Conventions Wellness harmless from any claims or lawsuits if I should get pregnant while taking medications prescribed by Conventions Wellness.

Urgent Matters/Emergencies If I should have any questions about prescribed medications from the clinic, I will ask the clinic prescriber or staff. In the event of adverse medication side effects or urgent concerns, the office will try to accommodate these matters within normal business hours, whenever possible. If I experience an emergency, I will call 911 or go to your nearest emergency room.

Notice of Privacy Practices I acknowledge that I have been offered and/or received a written copy of Conventions Wellness Notice of Privacy Practices. This notice provides in detail the uses and disclosures of my protected health information that may be used by this practice, my individual rights, how I may exercise my rights, and Conventions Wellness's legal duties with respect to my protected health information.

Consent for Treatment I have met with a member of the medical staff, have reviewed the literature associated with the program and have been given the opportunity to have all my questions regarding the weight loss program answered. I hereby give consent to Conventions Wellness to render health services.

Signature

Date

Printed Name