



IV/IM Nutrient Therapy Informed Consent

JCHW utilizes only healthcare professionals trained to administer intravenous therapy, intramuscular injections, electrolytes, vitamins, minerals, and pain and nausea medications. JCHW also provides self-administration options for nutrient injections. You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until you have had an opportunity to receive such information and to give your informed consent.

I, _____ (full name) hereby authorize the following procedure: (check below)

_____ administration of intravenous fluids, vitamins, minerals, medications and other nutrients.

administration of injectable vitamins, minerals, medications and other nutrients

self-administration of injectable vitamins, minerals, medications, and other nutrients

This procedure is recommended for replacement of essential nutrients, correction of deficiencies, and for other therapeutic effects, such as improving immune function, improving antioxidant status, reducing oxidative damage, improving fatigue, improving hydration and or electrolyte status, etc. The procedure involves inserting a needle into your vein or muscle and injecting the formula described above by the medical professional. Alternatives to intravenous therapy/intramuscular injections are oral supplementation and/or dietary and lifestyle changes.

Risks that may occur include:

Burning and stinging at the site of insertion or surrounding tissues,
muscular spasms, weakness, fatigue, nerve damage, bleeding, fluid overload,
adverse interaction with medications, infiltration of IV fluid/medication, allergic reactions (rare),
infection, air embolism (rare) or local thrombophlebitis (very rare)

This procedure may be considered medically unnecessary. It may or may not mitigate, alleviate, or cure the condition for which it has been prescribed or for the condition you are seeking relief from. This therapy has been recommended to you in the belief that it is of potential benefit in these circumstances and its use will quite probably improve the condition for which you are under treatment and in your overall health.

I understand that an JCHW medical professional may deny or terminate my treatment at any time based on their professional medical opinion, my vital signs, deterioration of my health, and/or unruly and uncooperative behavior.

Based on the risks and potential benefits of the current medically indicated treatment(s) and of this proposed treatment, I have elected to receive this proposed treatment from the provider(s) and other health professionals at JCHW, PLLC as is appropriate and necessary for my care.

I understand that I may suspend or terminate my treatment at anytime by informing my medical provider. I assume full liability for any adverse effects that may result from the non-negligent administration of the proposed treatment. I waive any claim in law or equity for redress of any grievance that I may have concerning or resulting from the procedure, except as that claim pertains to negligent administration of this procedure. The risks involved and the possibilities of complications have been explained to me. I fully understand and confirm that the nature and purpose of the aforementioned treatment to be provided may be considered unproven by

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scientific testing and peer-reviewed publications and therefore may be considered medically unnecessary or not currently indicated.

I hereby place myself under your care for intravenous vitamin therapy/hydration, and agree to the above release. I also verify that all information presented to the medical professional, in my medical history is true to the best of my knowledge. I am not misrepresenting myself and I place myself under your care for the sole purpose of treatment for these conditions.

I hereby acknowledge that this is a fee-for-service and payment is expected at time of service. I, Salimah Jones, DNP have not been excluded from Medicare; therefore the above patient may not submit claims provided by JCHW to Medicare or their private insurance company for reimbursement. I agree to be responsible for payment at the time of service for all services.

It is understood and agreed by JCHW and, myself as a recipient of services, that any legal dispute, controversy, demand, or claim that arises out of or relates to the services provided to me by JCHW shall be resolved exclusively by binding arbitration to be conducted at a place agreed upon by the parties. It is understood that any dispute as to medical malpractice (whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompletely rendered) will be determined by submission to arbitration and not in a court of law or before a jury. It is the intent of the parties that this agreement cover all existing or subsequent claims or controversies, whether in tort, contract, or otherwise, and shall bind all parties whose claims may arise out of or in any way relate to the treatment or services provided or not provided by any employee, physician, association, partner, or agent affiliated with JCHW to a patient. This party includes causes of action that might be brought on behalf of me, by a spouse, heir, child (born or unborn), guardian, or parent.

My signature below confirms that:

I have read, understand, and agree to the above arbitration agreement.

I am 18 years or older, of sound mind, and I authorize and consent to the use of hydration/nutrient therapy.

The procedure set forth above has been adequately explained to me by the provider.

I have received all of the information that I desire regarding hydration and/or injectable nutrition therapy.

This document services as an informed consent for IV hydration/IM nutrition therapy.

_____ **DOB** _/ _/ _
Print Patient Name

PATIENT SIGNATURE DATE

Medical Provider/Medical Professional DATE