



Required New Patient Consent, Policy, and Acknowledgment Forms

Effective Date: October 8, 2026

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

PHARM X UNIVERSAL, LLC d/b/a PHARMXHEALTHONE

This packet supplies detailed general onboarding documents. Read the applicable forms before signing. Paper completion and assistance are available. The individual documents preserve separate consent choices, optional authorizations, and non-waivable rights.

Patient legal name:	Date of birth:	Patient record number:
Phone:	Email:	Date completed:

Completion instructions

Complete patient identification and answer accurately. Ask staff or the treating professional to explain unfamiliar wording, risks, charges, or next steps. Do not sign under pressure or sign a blank authorization. If a representative signs for you, that person will need to provide identification and establish legal authority. Valid electronic completion must record the document and actual decision, not merely a packet-wide check mark.

General evaluation consent and required clinical prerequisites can affect whether a particular non-emergency service can safely proceed. Refusing a HIPAA receipt signature, optional promotional messaging, an unrelated release of information, or an optional recurring plan is not equivalent to refusing necessary treatment consent. PHO will distinguish these decisions and document them correctly.

This packet does not authorize all treatments or guarantee a prescription, eligibility, or outcome. Treatment-specific informed consent and any legally required special authorization remain separate. PHO business fees and ordering rules are distinguished from government patient protections. PHO will implement applicable legal requirements in its actual operations; signing this packet is not an external compliance certification.

Document index

1	General Consent for Evaluation and Treatment
2	Telehealth and Remote Care Consent
3	HIPAA Notice of Privacy Practices Acknowledgment
4	Electronic Communications Consent
5	Patient Portal Access, Use, Communication, and Security Agreement
6	Cash-Pay Financial Responsibility and Third-Party Billing Agreement
7	Good Faith Estimate and Self-Pay Patient Notice
8	Laboratory Testing, Specimen Collection, and Required Monitoring Consent
9	ePrescribe, Pharmacy Communication, and Medication History Consent
10	Authorization to Release or Discuss Medical Information
11	No-Refund, Final-Sale, and Non-Returnable Services Agreement
12	Appointment Cancellation, Late Arrival, No-Show, and Scheduling Policy
13	Payment Authorization, Card-on-File, Subscription Billing, and Chargeback Policy
14	Patient Rights, Responsibilities, Emergency, Urgent Care, and Primary Care Limitation Acknowledgment
15	Functional Medicine, Preventive Care, Natural Medicine, Wellness, and Scope-of-Practice Disclaimer
16	Compliance, Privacy, PHI Safeguards, and Practice Operations Acknowledgment
17	Global New Patient Acknowledgment and Agreement

Patient / representative signature: _____	Date: _____ Time: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



1. General Consent for Evaluation and Treatment

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Purpose and government requirements

By signing, you voluntarily request appropriate evaluation and general healthcare services from PHARM X UNIVERSAL, LLC d/b/a PHARMXHEALTHONE (PHO). Florida's Medical Consent Law, section 766.103, Florida Statutes, addresses informed consent; section 381.026 describes patient rights and responsibilities. These government requirements govern applicable care, independently of PHO's business policies. PHO will provide care through appropriately authorized professionals, respect your decisions, protect your records, and obtain the consent required for the proposed intervention. This form authorizes ordinary evaluation and care you agree to receive. It does not authorize every PHO treatment or waive the professional standard of care.

Evaluation and PHO patient-specific process

By signing, you authorize the healthcare team to obtain your history, discuss your health concerns and goals, review medications and allergies, measure vital signs, review relevant records, and perform a clinically appropriate examination with explanation of sensitive examinations. When a SECA medical body-composition assessment is appropriate and you agree to it, PHO will perform the assessment. SECA is one assessment component; it does not alone establish a diagnosis or treatment plan. You will need to disclose diagnoses, surgeries, hospitalizations, pregnancy or breastfeeding, medications, supplements, substance use, prior reactions, and relevant changes truthfully. If your provider needs additional records or testing before making recommendations, PHO will identify what you will need to provide or complete.

For an initial in-person assessment, You will need to bring a driver's license or passport, an insurance card if outside laboratory billing can be used, a medication list, and recent laboratory results if available. PHO staff will collect your registration information and explain preliminary SECA measurements; your treating professional will interpret their clinical significance. The treating professional interprets clinical findings and determines the next step. PHO requires relevant laboratory results before general-health, hormone, and anti-aging consultations. The provider identifies the required tests and whether available results are sufficient. When your provider determines that a weight-loss evaluation can safely begin without baseline laboratory results, PHO will proceed with that evaluation. You will need to complete any testing your provider requires for safety. A refill request remains subject to review and monitoring.

PHO does not keep a standing inventory of unassigned patient medications or treatment products for anticipated resale. After the relevant evaluation, laboratory review where required, individualized treatment decision, consent, and payment, products are ordered specifically for the patient. Registration, SECA, payment, or consultation does not guarantee a prescription, eligibility, product availability, or clinical result.

Specific treatment choices, risks, and alternatives

Your treating professional will explain the proposed intervention, material risks, potential benefits, reasonable alternatives, and necessary follow-up in a manner appropriate to your decision. Alternatives can include observation, no treatment, lifestyle changes, an approved medication, another treatment, or referral, depending on your condition. Separate treatment-specific consent is required when appropriate for injections, infusions, procedures, device treatments, hormones, weight-loss medications, peptides, compounded medications, or other interventions. Signing this general form does not replace special consent required by law, including applicable pelvic-examination or genetic-testing consent.

Compounded medications are not FDA-approved finished drug products. Off-label use of an FDA-approved drug means the proposed use differs from its approved labeling. Neither practice is automatically authorized by this form; your prescriber will determine legality and suitability and explain relevant limitations. General consent does not authorize advertising photographs, testimonials, observers, research participation, or optional promotional messages. Those decisions are addressed separately.

Follow-up, refusal, privacy, and emergencies

You have the right to ask questions, decline a proposed service, or withdraw consent to future care. Withdrawal does not reverse services already provided or lawful charges already incurred. If you decline necessary testing, your treating professional will explain the consequences and determine whether your care must be delayed, modified, or discontinued for safety. PHO will meet applicable continuity-of-care obligations. You will need to follow agreed instructions, attend monitoring visits, and promptly report health changes or adverse effects; if you cannot follow a recommendation, you will need to tell the healthcare team.

PHO is cash-pay for its own healthcare services; independent laboratory, pharmacy, or other charges are addressed separately. PHO maintains clinical documentation in its authorized clinical record system, including Elation Health. Its HIPAA notice explains permitted information uses and your rights. This consent does not waive privacy rights, authorize unrestricted disclosure, excuse negligent care, or surrender a legally required refund or billing remedy.

PHO does not provide emergency medical services or an after-hours emergency clinical service. For an emergency, call 911 or go to an emergency department. Do not wait for a portal, email, text, voicemail, or appointment response. By signing, you acknowledge the opportunity to review this form and ask questions, and consent to the evaluation and general care described above.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



2. Telehealth and Remote Care Consent

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Government standards and voluntary consent

Section 456.47, Florida Statutes, governs applicable Florida telehealth practice, professional standards, documentation, and confidentiality. PHO professionals will also comply with the law of the jurisdiction where you are physically located and applicable federal prescribing requirements. PHO verifies that the professional is authorized for your location before clinical care proceeds. PHO's description of nationwide availability is not a promise that every service or prescriber is available in every state.

By signing, you consent to clinically appropriate telehealth evaluation, consultation, treatment planning, monitoring, and care coordination through PHO-approved technology. Telehealth can include real-time video or audio and qualifying asynchronous exchange. Florida's statutory definition excludes email messages and facsimile transmissions. An ordinary email, appointment text, or submitted website form does not itself constitute a completed telehealth evaluation or permission to prescribe.

Identity, location, and practical requirements

Before each encounter you will need to provide your identity, current physical address and state, and a working callback number. You will need to tell PHO about travel or a location change before receiving care. If professional authorization for your physical location cannot be confirmed, PHO will not proceed with the telehealth service and will explain the next scheduling step. You will need to join at the scheduled time with adequate service, a private setting, needed records, and the ability to communicate accurately. PHO will address reasonable accommodation needs; you will need to contact the clinic before the visit if you need assistance or another way to participate.

Telehealth can improve access and reduce travel but cannot perform every hands-on examination or procedure. The professional decides whether the available history, observations, and records are sufficient. In-person examination, laboratory work, imaging, specialist evaluation, or emergency services can be needed. You have the right to request an in-person alternative and have the right to withdraw consent to future telehealth. Before you agree to another appointment, PHO will explain its availability and charges.

Technology risks and interruption plan

Connection failure, poor sound or images, software problems, delayed information, or unauthorized access can interfere with care. PHO will use appropriate safeguards and protect confidential records; your signature does not transfer those duties to you. You will need to secure your device, avoid shared accounts, and tell the provider who is present. Do not record an encounter without first obtaining the consent required by applicable recording law. PHO will obtain legally required consent before recording. If the connection fails, you will need to use the agreed callback method or call 561-778-8121. Your provider will determine whether to reconnect, use a legally and clinically appropriate alternative, or reschedule, and will communicate that decision to you. Do not assume a disconnected encounter produced a completed assessment or prescription.

Prescribing, records, and emergency limits

A consultation or refill request does not guarantee prescribing. Controlled-substance prescribing remains subject to applicable federal and state restrictions, including section 456.47 where applicable; this consent creates no exception. Services and decisions are documented to the standard required for in-person care, and resulting records receive applicable privacy protections. Fees, patient-specific orders, monitoring, and separate treatment consents continue to apply.

PHO telehealth and messaging are not emergency or after-hours emergency services. For chest pain, severe breathing difficulty, stroke symptoms, severe allergic reaction, severe bleeding, loss of consciousness, immediate risk of self-harm, or another emergency, call 911 or seek emergency care without waiting for PHO. You understand the benefits, limitations, alternatives, and privacy risks described here and voluntarily consent to appropriate telehealth.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



3. HIPAA Notice of Privacy Practices Acknowledgment

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Patient name: _____ Date of birth: _____

Receipt and government requirement

The HIPAA Privacy Rule, 45 CFR 164.520, requires a covered healthcare provider to give patients its Notice of Privacy Practices and make a good-faith effort to obtain written acknowledgment of receipt in applicable direct-treatment settings. This government requirement is a notice requirement; it is not a waiver of rights or a blanket authorization to disclose information. Florida medical-record confidentiality under section 456.057 also applies as required. PHO will follow its current notice and applicable confidentiality law.

By signing, you acknowledge that PHO provided its full HIPAA Notice of Privacy Practices or made it available for you to receive and review. You have the right to obtain a paper copy even if you received it electronically. The notice explains treatment, payment, operations, other legally permitted disclosures, uses requiring authorization, additional protections for sensitive records, record access, corrections, restrictions, confidential communication, disclosure accountings, breach notification, and complaints.

Rights retained and separate decisions

Signing acknowledges receipt; it does not mean that you agree to every disclosure, waive HIPAA rights, authorize marketing, consent to treatment, or permit another person to access your records. Written authorizations are handled separately when required. PHO will not refuse otherwise appropriate care solely because you decline to sign this receipt acknowledgment. PHO will document the good-faith effort and why acknowledgment was not obtained.

You have the right to ask questions or exercise privacy rights by contacting Michael Gempel, Executive Director / PHO Privacy Officer, at 561-778-8121 or health@pharmxhealthone.com, or by writing to the clinic address above. You have the right to complain to PHO or the U.S. Department of Health and Human Services Office for Civil Rights without retaliation. The full notice provides the procedures and limits; this acknowledgment does not replace it.

FOR PHO USE ONLY: Notice supplied on / method:	If receipt signature unavailable, reason:
Good-faith effort and staff name/signature:	Date of documentation:
Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



4. Electronic Communications Consent

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Patient name: _____ Date of birth: _____

Care communications and privacy duties

By signing, you authorize PHO to use the contact information you provide for appropriate scheduling, forms, billing, laboratory and pharmacy coordination, reminders, and non-urgent care administration. Available methods include telephone, voicemail, the authorized patient portal, email, and text as permitted by law and your preferences. HIPAA's Privacy and Security Rules and Florida section 456.057 require PHO to protect applicable health information. Your communication choice does not authorize unrestricted sharing, eliminate PHO safeguards, or waive those requirements.

Privacy risks and communication choices

Ordinary email, SMS, and voicemail can be seen by a person who shares your account or device, intercepted, misdirected, displayed on a lock screen, or monitored by an employer. They can have fewer protections than clinical portal messaging. PHO will limit message content appropriately, verify destinations, and discuss a safer alternative for sensitive information. You will need to use the PHO-approved clinical communication method for detailed symptoms, results, diagnoses, treatment instructions, or medication concerns. Do not submit these details through public event forms or community SMS.

You will need to provide accurate contact details, promptly report changes or compromised accounts, and protect your devices. You have the right to request confidential communication at another number, address, or method. PHO will accommodate reasonable requests as required by HIPAA. You can change preferences by calling or writing PHO; PHO will document the change and arrange an appropriate alternative. Declining a method is not permission to send unwanted marketing and does not extinguish PHO's duties to communicate clinically important information appropriately.

Optional promotional messages remain separate

This consent does not enroll you in PHO Event & Community SMS Updates or authorize recurring promotional messages, discounts, testimonials, advertising photographs, or sale of your information. Optional messaging enrollment and any legally required marketing authorization must be obtained separately. You can decline that program without losing otherwise available care. Consent to ordinary care coordination must not be used as a substitute for marketing permission. Applicable messaging opt-out instructions apply to the separately enrolled program.

Response limits and patient selection

Electronic messages are for non-urgent matters. PHO does not promise continuous monitoring or a response outside operating hours. If your question requires a clinical evaluation, PHO will instruct you to schedule the appropriate visit. For an emergency, call 911 or go to an emergency department; do not wait for a message response. Clinically relevant communications can become part of your record. The selections below identify your requested methods; PHO will confirm a safe and practicable alternative when a selected method is unsuitable.

Requested care contact: Phone ☐ Yes ☐ No	Voicemail ☐ Yes ☐ No
Ordinary email ☐ Yes ☐ No	Ordinary text ☐ Yes ☐ No
Patient portal ☐ Yes ☐ No	Safe number/address or other preference:

If you decline a method or it is unsuitable, PHO will confirm and document a suitable alternative with you. Your selections do not enroll you in promotional messaging.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



5. Patient Portal Access, Use, Communication, and Security Agreement

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Purpose and clinical record responsibilities

PHO uses an authorized patient portal associated with its clinical record system, including Elation Health, for available intake forms, non-urgent clinical messages, records, results, instructions, and related administration. Available features can vary; an account does not guarantee immediate access to every function or result. Under HIPAA and section 456.057, Florida Statutes, PHO will protect applicable records and honor lawful access rights. Portal rules do not waive those rights or substitute for a clinical evaluation.

Access, representatives, and account security

You will need to use your own verified account, protect passwords and authentication codes, secure your device, sign out on shared equipment, and notify PHO promptly if you suspect unauthorized access. You will need to update your contact information and confirm whose account is being used before submitting documents. Do not share credentials with a spouse, caregiver, assistant, or another person. PHO will verify a representative's identity and authority and arrange appropriate representative access. An emergency contact or financially responsible party does not automatically have record access. Separate permission or legally established representative authority can be needed, with additional limits for protected minor or sensitive records.

Non-urgent use and safe messaging

You can use the portal for routine form completion, appointment questions, follow-up questions, records, contact updates, or refill requests when available. A refill request is not approval: evaluation, labs, monitoring, or an appointment can be required. You will need to clearly identify your concern, relevant changes, and requested next step. You will need to call the clinic during operating hours if you cannot use the portal or need clarification about how to obtain non-emergency help.

PHO does not provide continuous or after-hours emergency monitoring of messages. For an emergency, call 911 or go to an emergency department. If your symptoms worsen and need prompt hands-on assessment, seek appropriate urgent or emergency care. Do not wait for a portal response. Uploaded forms, messages, photographs, and signatures can be retained in your record.

Misuse, service changes, and preserved rights

Threats, harassment, repeated disruptive messages, falsification, unauthorized access, or uploading another patient's information can create safety or privacy problems. When portal misuse or a safety or privacy concern justifies a restriction, PHO will restrict the affected functions or require another communication method and explain the alternative to you. Restrictions must not unlawfully deny records, retaliate for a complaint, or abandon necessary care. PHO will identify a workable alternative for relevant communications and meet applicable transition duties. Portal failure or suspension does not cancel a treatment plan, erase lawful obligations, or relieve PHO of professional responsibilities. This agreement does not authorize public use of your images or health information.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



6. Cash-Pay Financial Responsibility and Third-Party Billing Agreement

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Patient name: _____ Date of birth: _____

PHO payment model and government protections

PHO is cash-pay only for its own healthcare services. PHO does not accept or bill commercial insurance, Medicaid, or Medicare Part B for PHO services under its stated clinic model. This business policy does not waive or override any federal program billing, opt-out, private-contracting, or other legal requirement that applies to an individual provider or service. If you are eligible for Medicare, you will need to ask PHO about your provider's applicable Medicare status before care. This form is not a Medicare private contract.

Florida section 381.026 addresses financial information and itemized bills. Federal Good Faith Estimate requirements in 45 CFR 149.610 apply to eligible uninsured or self-pay care. PHO will meet those requirements when applicable, disclose charges before authorization, and correct legally established billing errors. Signing does not surrender estimate, dispute, or overpayment rights.

Consultation, treatment package, and patient-specific ordering

You will need to cancel an appointment at least 24 hours before its scheduled start time. PHO will charge \$25 for a cancellation less than 24 hours before that time. Arrival more than 10 minutes late is a no-call/no-show and carries a \$20 fee, as explained in the scheduling policy.

Under PHO's consultation policy, the consultation fee is payable immediately after the consultation. If the provider recommends a treatment package and you choose to purchase it, the full package price is due at purchase unless PHO approves a written installment plan. An approved installment plan requires at least 50 percent down, with the remaining amount, due dates, covered items, and consequences of missed payments disclosed before agreement. A distinct appointment or assessment with disclosed prepayment terms is governed by those stated terms; PHO will make the timing clear before you authorize it.

By signing, you authorize only services or purchases you actually agree to, at prices disclosed to you. PHO does not maintain standing unassigned medication inventory. Required evaluation, clinical review, consent, payment, and patient-specific ordering precede fulfillment as applicable. Paying for a consultation or assessment does not purchase a guaranteed prescription or outcome. An invoice or separate order must identify what is included, any shipping or administrative charge, and which items are billed by an outside organization.

Independent laboratory, pharmacy, and other charges

Quest Diagnostics, Labcorp, pharmacies, imaging facilities, specialists, and other outside organizations are independent and can bill separately. An insurance card supplied for an outside laboratory does not mean PHO bills insurance. An outside laboratory can bill your plan subject to network participation, coverage, medical necessity, authorization, frequency limits, deductibles, copayments, and coinsurance, or can bill you directly. You will need to confirm expected cost and coverage with that organization and your plan before testing. A clinically necessary order is not a coverage guarantee.

You remain responsible for valid outside charges under the outside organization's agreement and applicable law, including legally required corrections. PHO cannot guarantee insurance reimbursement, HSA/FSA eligibility, or reimbursement from a receipt or superbill. PHO will not represent uncertain reimbursement as assured. You can request an itemized PHO bill and an explanation, and will need to promptly report a suspected error without forfeiting statutory dispute deadlines.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



7. Good Faith Estimate and Self-Pay Patient Notice

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Patient name: _____ Date of birth: _____

Federal government requirement and who qualifies

The federal No Surprises Act and 45 CFR 149.610 require a Good Faith Estimate for qualifying uninsured or self-pay patients receiving scheduled non-emergency care or requesting an estimate. PHO will follow these requirements for applicable PHO services. This is a government protection, not an optional refund exception. You can request an estimate before deciding whether to schedule, and PHO will ask whether insurance will be used for the particular care. PHO's cash-pay model does not remove estimate obligations.

Delivery timing and content

When qualifying care is scheduled 3 through 9 business days in advance, the estimate is generally due within 1 business day after scheduling. When scheduled at least 10 business days in advance, it is generally due within 3 business days after scheduling. An estimate requested before scheduling is generally due within 3 business days after the request. Scheduling fewer than 3 business days in advance does not trigger the advance-scheduling estimate requirement, but you can still ask about prices. Emergency care is outside this advance-estimate requirement.

Your written estimate will identify the patient, expected services, expected charges, provider or facility, relevant care dates or period, and required notices. It is an estimate, not a contract compelling treatment. PHO will explain changes in your planned scope of care and provide an updated estimate when required. PHO will not use a general disclaimer to omit charges it is required to include.

Separate services and uncertainty

Outside laboratories, pharmacies, imaging providers, and other practitioners can have separate estimates and bills. You will need to ask each provider or facility for an estimate of self-pay charges. PHO will comply with the applicable coordinating-provider obligations and current federal implementation requirements; saying that charges are independent does not waive a duty to include or coordinate them when required. If insurance is used for an outside service, your costs depend on the plan and outside billing practices rather than PHO's cash-pay prices.

Dispute process and rights retained

You will need to keep the written estimate and bills. Under the federal patient-provider dispute resolution process, an eligible bill that is at least \$400 higher than the expected charges for the provider or facility can qualify for independent review. The dispute generally must be initiated within 120 calendar days of the initial bill. CMS provides eligibility instructions and the current administrative fee at www.cms.gov/nosurprises; assistance is available at 1-800-985-3059. You have the right to contact PHO about an error first, but this does not pause a government filing deadline unless the governing process provides otherwise.

PHO will observe applicable protections during a dispute and will not retaliate for exercising these rights. Your signature confirms receipt of this notice, not acceptance of any future estimate, waiver of a dispute, or consent to charges not separately authorized. The estimate itself is a separate patient-specific document.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



8. Laboratory Testing, Specimen Collection, and Required Monitoring Consent

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Patient name: _____ Date of birth: _____

Clinical purpose and individual requirements

By signing, you consent to appropriate specimen collection and laboratory testing ordered for the evaluation or care you agree to receive. Testing can assess metabolic, blood-count, kidney, liver, thyroid, hormone, nutrient, pregnancy, or other relevant status; the professional determines the actual tests and explains material information. PHO requires relevant laboratory results before general-health, HRT, and anti-aging consultations. The professional identifies the required tests and assesses whether available results are sufficient. If your provider determines that a weight-loss evaluation can safely begin without laboratory results, PHO will proceed. You will need to complete any baseline or follow-up tests your provider requires. No single fixed test schedule applies to every patient, and this form is not consent to every available test or an unrelated procedure.

Collection, preparation, and risks

For your ordered tests, PHO will explain whether appropriately authorized personnel will collect your blood in the clinic, specimens will be submitted to an independent laboratory, or you will need to use a requisition for outside collection. Venipuncture can cause discomfort, bruising, bleeding, dizziness, fainting, hematoma, infection, nerve irritation, or a repeat attempt. You will need to disclose bleeding disorders, blood thinners, prior fainting, allergies, or other relevant concerns before collection. You have the right to ask questions or decline; your provider will explain any effect on safe care.

You will need to follow the specific fasting, timing, hydration, specimen, and medication instructions supplied for the ordered tests. Do not stop prescribed medication without professional direction. Specimens can be insufficient, mislabeled, damaged, or delayed, and tests can produce false or inconclusive findings. Recollection or repeat testing can be needed; PHO will explain any related charge, including responsibility when an error is attributable to PHO or another organization.

Government protections for sensitive testing and records

Florida section 456.057 and HIPAA govern applicable record confidentiality. HIV testing is subject to section 381.004, including applicable notification, the opportunity to decline, and confidentiality requirements; a general medical consent does not eliminate those duties. DNA analysis or genetic testing subject to section 760.40 requires legally sufficient consent and protections, with statutory exceptions. PHO will obtain additional testing-specific consent where required. Part 2 substance-use records and other sensitive information retain applicable special protections; this form does not authorize unrestricted disclosure.

Outside costs, results, and follow-up

Quest Diagnostics, Labcorp, or another laboratory can bill insurance or the patient under its own agreement. Coverage is not guaranteed, even when a test is clinically needed. You will need to verify network status and costs directly before testing. PHO's own charges remain cash-pay; your insurance card can be used for outside laboratory coordination.

Your treating professional will review and address results within appropriate clinical responsibilities. You will need to confirm how results will be communicated, attend follow-up, and contact PHO if expected results or instructions have not arrived; silence does not mean results are normal. Critical findings can require urgent or emergency care. Failure to obtain required monitoring can make prescribing unsafe and lead to delay, modification, or discontinuation with appropriate instructions and continuity measures. For an emergency, seek emergency care instead of waiting for lab or portal communication.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



9. ePrescribe, Pharmacy Communication, and Medication History Consent

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Patient name: _____ Date of birth: _____

Prescribing and government responsibilities

By signing, you authorize appropriate prescription transmission and medication-related coordination for care you agree to receive. Florida sections 456.42 and 456.43 address applicable prescription and electronic-prescribing requirements; chapter 465 regulates pharmacies, and federal law also governs applicable prescribing and dispensing. PHO and its professionals will meet the requirements that apply to the prescription. Your signature does not authorize illegal prescribing, remove required monitoring, or compel a pharmacy to dispense.

Medication history and confidentiality

When medication-history review is needed for your care and legally permitted, PHO will request and review current and past medication history from your records, pharmacy, another treating professional, or an appropriate medication-history service. This can include drug names, doses, fill information, allergies, duplicate therapy, interactions, and prior adverse reactions. Automated history can be incomplete or inaccurate and does not replace your current medication list or reconciliation by the healthcare team.

Medication records can reveal sensitive conditions. HIPAA and Florida confidentiality requirements continue to apply, with additional protections when HIV, genetic, mental-health, or Part 2 records are involved. Separate authorization must be obtained when law requires it. This consent is not a general authorization to obtain every outside record or disclose sensitive records to unrelated persons.

Patient-specific orders, compounded drugs, and alternatives

PHO does not keep standing unassigned medication inventory. A patient-specific order follows appropriate evaluation, laboratory review where necessary, treatment selection, applicable consent, and payment. The prescriber decides whether a medication is indicated and legal, whether an approved alternative is appropriate, and whether compounding or off-label use is appropriate. Compounded finished drug products are not FDA-approved. PHO will not describe them as FDA-approved. Additional medication-specific disclosures, dosing, storage, and monitoring instructions must be addressed before treatment.

The pharmacy is an independent organization responsible for its dispensing, verification, counseling, and applicable professional duties. Availability, shortages, shipping conditions, pharmacy policies, law, or safety review can prevent or delay fulfillment. PHO will discuss an appropriate next step; a medication must not be substituted or its dose changed without the required authorization and explanation.

Patient duties and refill limits

You will need to report all prescription, nonprescription, hormone, injection, peptide, supplement, and substance use, as well as allergies, pregnancy, health changes, and medication reactions. You will need to confirm your preferred pharmacy and promptly report a dispensing or shipping concern. If a product appears damaged or improperly stored, do not use it until the pharmacy or professional resolves the concern. You will need to follow the specific dosing and storage instructions; sharing medication is unsafe.

A prescription or refill is not guaranteed. Your treating professional will determine whether an appointment, laboratory tests, additional history, or specialist review is required. You will need to complete the required steps before a refill is approved. PHO will provide appropriate follow-up when treatment changes. You will need to request routine refills with enough time for review, without assuming immediate or after-hours fulfillment. For a serious reaction or emergency, call 911 or seek emergency care.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



10. Authorization to Release or Discuss Medical Information

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com |
www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Voluntary authorization and legal requirements

HIPAA, including 45 CFR 164.508, and Florida section 456.057 require legally sufficient authorization for disclosures that are not otherwise permitted by law. PHO will confirm identity, authority, the requested scope, and any additional sensitive-record restrictions before disclosure. This optional form permits only the information, recipient, purpose, and period you identify below. An emergency contact listing, caregiver title, payment responsibility, or packet-wide signature does not complete this authorization.

PHO is the disclosing organization: PHARM X UNIVERSAL, LLC d/b/a PHARMXHEALTHONE, at the clinic address above. Complete all required authorization fields before signing. Leaving this form blank means you have not authorized this optional disclosure. Treatment, payment, enrollment, or eligibility for benefits ordinarily cannot be conditioned on this authorization, except for a specific lawful exception that PHO will separately explain. PHO will give you a copy of your signed authorization.

Information scope and special records

You will need to describe the information and date range precisely, including whether permission covers verbal discussion, copies, or both. You can limit permission to scheduling or billing, or specify clinical records such as results, medications, diagnoses, or treatment plans. PHO will not infer permission to disclose your entire record from an unclear description.

This general authorization does not automatically authorize psychotherapy notes, Part 2 substance-use records, or other records needing distinct consent. PHO will use the separate authorization or consent required for those records. Florida-protected HIV and genetic information must be identified and handled under the applicable law. Advertising, testimonials, sale of information, and public photographs require a distinct purpose-specific authorization when required and are not authorized by this form.

Expiration, revocation, and redisclosure

The expiration date or event below must relate to the individual or purpose of disclosure. You have the right to revoke this authorization in writing by contacting PHO's Privacy Officer at the clinic address or health@pharmxhealthone.com. PHO will verify and process the request; revocation does not undo disclosures already made in reliance on the authorization or eliminate independent legally permitted disclosure authority.

Information received by someone not subject to HIPAA can be redisclosed and could fall outside HIPAA protection, although other confidentiality laws can still apply. Part 2 records retain applicable restrictions on proceedings against the patient. If your authorization is incomplete or legally insufficient, PHO will request clarification before proceeding and will not release information outside the lawful scope. By signing, you voluntarily authorize only the completed scope below and confirm that you understand these choices.

Authorized recipient name / organization:	Relationship and verified contact information:
Purpose (write "at your request" if applicable):	Record date range:
Information permitted and mode (discussion / copies):	Information specifically excluded:
Expiration date or event:	Sensitive records: separate legally sufficient consent attached, if required:
Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



11. No-Refund, Final-Sale, and Non-Returnable Services Agreement

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

PHO policy and why costs become committed

PHO's final-sale policy is a business policy, not a government rule requiring every purchase to be nonrefundable. PHO does not voluntarily accept returns of medications or healthcare products or provide refunds for purchased products after the applicable authorized purchase or patient-specific order commitment. PHO does not voluntarily refund professional consultations, assessments, procedures, or treatments already partially or fully provided.

Committed costs can include provider review and time, individualized planning, pharmacy or supplier orders, compounding where applicable, preparation, labeling, packaging, shipping, refrigeration, sterility, supplies, staffing, and facilities. Returned medication cannot be assumed safe for reuse because storage, contamination, tampering, and chain of custody can be uncertain. Not all PHO medications are compounded; the reason for a particular purchase's final-sale status must be accurately described.

Patient-specific purchasing and services not yet provided

PHO does not hold standing unassigned patient medication inventory. Ordering occurs for a specific patient after appropriate review, treatment decision, consent, and payment. Your written order or invoice will identify the product or service, price, fulfillment terms, and when the commitment becomes noncancelable. You will need to pay the disclosed consultation or assessment charge for the evaluation provided even if your provider does not recommend further treatment.

Payments for future services, unused package portions, subscriptions, canceled orders, or products PHO cannot lawfully or actually provide must be evaluated under the specific written agreement and applicable law. This policy does not automatically permit PHO to retain every prepayment for an unprovided service. If a treatment is stopped for safety, PHO will explain which authorized costs have been incurred and address remaining items under the governing terms.

Change of mind, outcome, and safety concerns

A change of mind, change in goals or provider, voluntary discontinuation, failure to attend monitoring, financial difficulty, or absence of a desired outcome does not by itself create a voluntary refund for authorized products already purchased or services already provided. No clinical outcome is guaranteed. This does not excuse deficient care, an incorrect order, damaged goods, unauthorized charges, nonperformance, or another matter giving rise to a legal remedy. You will need to promptly report dispensing, delivery, safety, or billing concerns and will need to stop using a compromised product while awaiting professional instructions.

Government requirements and non-waivable remedies

Florida section 456.0625 requires applicable patient overpayments to be refunded no later than 30 days after the practitioner or covered billing entity determines an overpayment occurred; section 408.12 imposes related duties on applicable licensees. PHO will meet the requirements that apply to it. Required refunds are not discretionary accommodations. Duplicate charges, unauthorized transactions, established billing errors, valid Good Faith Estimate remedies, and other non-waivable rights remain enforceable.

PHO will provide an itemized explanation and correct a verified error. You have the right to contact PHO about a concern without losing the right to a lawful bank, government, or court remedy. Any discretionary goodwill credit PHO offers will be subject to law. PHO will provide legally required refunds; a goodwill credit will not replace a required refund without a valid legal basis. This agreement is not a release of professional negligence, a waiver of privacy rights, or permission for charges you did not authorize.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



12. Appointment Cancellation, Late Arrival, No-Show, and Scheduling Policy

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Your cancellation deadline and fee

You will need to cancel your appointment at least 24 hours before its scheduled start time. PHO will charge you a \$25 late-cancellation fee if you cancel less than 24 hours before that time. For example, for an appointment at 2:00 p.m. on Thursday, PHO will need to receive your cancellation by 2:00 p.m. on Wednesday to avoid the late-cancellation fee. This deadline is measured in elapsed hours, not business days. These are PHO scheduling requirements and business fees; they are not fees imposed by Florida statutes, AHCA, or HIPAA. PHO will provide these terms before booking or obtaining your agreement to them.

How you will need to cancel or reschedule

To cancel or request rescheduling, call PHO at 561-778-8121 or use the scheduling method specifically identified in your appointment confirmation. Give your full name, appointment date and time, and a clear request to cancel or change that appointment. Retain the message record and any confirmation. A rescheduling request that cancels your original appointment less than 24 hours before its scheduled start is a late cancellation and carries the \$25 fee. PHO will document the time the cancellation is received and explain any applicable charge.

Do not assume that a clinical question, an unrelated website submission, or a message to a public event or community channel cancels your appointment. If an illness, emergency, or access barrier prevents attendance, notify PHO promptly. PHO will address legally required accommodations and protected rights. Canceling an appointment does not cancel a separate recurring payment plan or reverse a committed patient-specific product order; you will need to follow the separate terms for those transactions.

Arrival, no-call/no-show classification, and fee

You will need to arrive or connect by your scheduled appointment time, complete the required intake, and bring the requested identification, medication information, and available records. If you arrive or connect more than 10 minutes after the scheduled start time, PHO will classify the appointment as a no-call/no-show and charge you \$20. Calling ahead does not extend this 10-minute arrival limit. If you do not attend and have not canceled the appointment, PHO will record a no-call/no-show and charge you \$20.

PHO will explain whether a late visit can still safely proceed or a new appointment is required; payment of the fee does not guarantee that the original visit can be completed. PHO will not record or charge for a consultation as though it occurred when no consultation was provided. For telehealth, you will need to be reachable, have working technology, and be physically in a location where your provider is authorized to care for you. Report connection failures or a location change promptly. PHO will distinguish your missed appointment from a PHO cancellation or PHO system failure and will not apply a patient cancellation or no-show penalty when PHO cancels or cannot provide the appointment.

Monitoring, continuity of care, and acknowledgment

You will need to contact PHO to arrange any necessary replacement appointment and complete required monitoring before treatment can safely continue. A missed appointment does not remove the need for required laboratory work, professional review, or treatment-specific consent. If your healthcare relationship must end, PHO will comply with applicable notice, transition, and record-access obligations; this scheduling policy does not authorize patient abandonment. For an emergency, call 911 or seek emergency care immediately instead of waiting to reschedule.

By signing, you acknowledge the cancellation deadline of at least 24 hours, the \$25 late-cancellation fee, the rule that arrival more than 10 minutes late is a no-call/no-show, and the \$20 no-call/no-show fee. Your signature does not waive legally protected patient rights.

Cancellation notice: at least 24 hours before the scheduled start.	Late cancellation: less than 24 hours before start; fee \$25.
Arrival limit: more than 10 minutes late is a no-call/no-show.	No-call/no-show fee: \$20.
Cancellation contact: 561-778-8121 or scheduling method in your confirmation.	Appointment date / time, if applicable:
Policy revision: October 8, 2026	Patient initials confirming these scheduling terms:
Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



13. Payment Authorization, Card-on-File, Subscription Billing, and Chargeback Policy

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Specific authorization and protected payment information

By signing, you authorize PHO to collect only agreed charges for identified services, products, installment payments, or a separately selected recurring plan, at the amounts and dates disclosed to you. This packet signature alone does not authorize unlimited charges, automatic enrollment, new products, or an unspecified cancellation fee. PHO will supply a receipt and an explanation of requested charges. Enter full card numbers and security codes only through PHO's authorized payment process. Do not write them on this healthcare form or send them through ordinary email or text.

Card-on-file, installments, and recurring plans

PHO will use your stored card only within your specific authorization and governing payment terms. An installment plan must identify the total obligation, initial payment, remaining amounts and dates, and any lawfully disclosed fees. PHO's approved treatment-package installment policy requires at least 50 percent down. An installment agreement is not automatically an indefinitely renewing subscription.

For recurring billing, the separate selection below must identify the plan, included service or product, amount or calculation, billing frequency, start date, term, automatic-renewal conditions, cancellation method and deadline, and effect of cancellation. PHO will provide any required renewal notices and accessible cancellation process. Florida section 501.165 governs qualifying automatic-renewal service contracts; PHO will comply when its terms fall within that law. Federal requirements for the transaction type also apply. A general clinical signature does not replace specific recurring-payment consent.

Cancellation, failed payments, and account review

You will need to cancel an appointment at least 24 hours before its scheduled start time. PHO will charge \$25 for a cancellation less than 24 hours before that time. Arrival more than 10 minutes late is a no-call/no-show and carries a \$20 fee, as explained in the scheduling policy. These appointment rules are separate from cancellation of a recurring plan.

You will need to submit a recurring-plan cancellation by the stated method and retain the confirmation. PHO will document receipt, the effective cancellation date, and any valid remaining obligation. Ending future billing does not automatically reverse authorized services already provided or a committed patient-specific order, but PHO will not continue billing contrary to an effective cancellation or applicable law.

If a payment fails, PHO will notify you and explain the balance and next step. Non-emergency services can be delayed according to lawful terms, but professional continuity obligations, access to records, required refunds, and valid dispute rights remain. Any returned-payment or collection charge must have a lawful, disclosed basis. An alleged debt does not authorize unrestricted disclosure of your medical information.

Billing disputes and no waiver of legal remedies

You will need to promptly report a suspected duplicate, incorrect, or unauthorized charge to PHO so it can be investigated. You have the right to contact your bank, card network, government agency, or other appropriate dispute process. Contacting PHO first is not a requirement that limits those rights or changes a filing deadline. You will need to describe a dispute truthfully; disagreement with a charge is not itself proof of fraud. If PHO responds to a payment dispute, PHO will submit accurate evidence of authorization and fulfillment and comply with required corrections and overpayment refunds. A valid dispute or privacy complaint must not trigger retaliation. This form does not waive chargeback rights or authorize punitive fees simply because a patient exercises them.

Selection: ☐ One-time ☐ Installments ☐ Recurring	Service/product/plan and included items:
Total or recurring amount / calculation:	Initial payment and start date:
Remaining due dates / billing frequency:	Term and automatic-renewal conditions:
Cancellation method, deadline, effective date:	Other fees and price-change notice terms:

Attach the itemized order or plan terms if more space is needed. Patient initials approving this specific completed payment selection: _____. No recurring charge is authorized if recurring terms are incomplete. Do not enter full card details here.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



14. Patient Rights, Responsibilities, Emergency, Urgent Care, and Primary Care Limitation Acknowledgment

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Florida government patient-rights requirements

Section 381.026, Florida Statutes, requires applicable providers to recognize patient rights and make a written statement available. PHO will honor those requirements, not treat this acknowledgment as a waiver. You are entitled to courtesy, dignity, privacy, reasonable responses to questions, information about the names and roles of professionals responsible for care, and information about available support services and interpreter assistance. You have the right to request a copy of the full law. A support person can accompany you in patient-accessible areas unless safety, health, or reasonable accommodation limits apply.

Information, choices, financial transparency, and complaints

You are entitled to information about diagnosis, proposed treatment, material risks, alternatives, and prognosis sufficient for an appropriate decision, and have the right to refuse treatment except where law provides otherwise. You have the right to know applicable conduct rules and receive impartial access consistent with law. Research participation is voluntary, requires appropriate consent, and can be refused. Privacy and medical-record rights are governed by HIPAA and Florida law; you can request records without PHO conditioning access on payment of your care balance, subject to lawful copying charges.

You have the right to request an estimate, an understandable itemized bill, an explanation of charges, and information about known financial resources. Medicare-eligible patients can ask before treatment about applicable assignment and provider status. You have the right to raise a grievance to PHO, the appropriate licensing agency, or HHS Office for Civil Rights for privacy concerns, without retaliation. PHO will explain its response and applicable external complaint channels. Cash-pay status does not erase these rights.

Your responsibilities and cooperative care

You will need to provide accurate, complete history and medication information, disclose allergies and relevant changes, state whether you understand instructions, and tell PHO if you cannot follow a plan. You will need to keep appointments or promptly notify PHO, complete clinically required monitoring, respect others' safety and privacy, update contact details, and meet valid agreed financial obligations. If you decline a necessary element of care, your treating professional will explain likely consequences and safe alternatives. PHO will not treat an exercise of a protected right as abusive conduct.

Emergency and primary-care boundaries

PHO is an outpatient practice and does not provide emergency medical services or an after-hours emergency clinical service. For a medical emergency, call 911 or go to an emergency department. For a condition requiring prompt hands-on care, use an appropriate urgent or emergency service rather than waiting for PHO. Email, public forms, community messages, voicemail, and the portal are not emergency pathways.

PHO's services do not automatically replace a comprehensive primary-care relationship, specialist care, hospital services, or crisis care. You will need to maintain appropriate routine care, screening, immunizations, and specialist follow-up. PHO's professional remains responsible for services actually undertaken and for appropriate review, referral, and transition. A limitation statement does not excuse ignoring a known clinical concern or eliminate duties owed to a current patient. By signing, you acknowledge these boundaries while retaining your statutory and professional-care rights.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



15. Functional Medicine, Preventive Care, Natural Medicine, Wellness, and Scope-of-Practice Disclaimer

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Government standards and distinctions among services

Florida professional licensing laws and applicable standards govern diagnosis, prescribing, and treatment. Section 456.41 addresses complementary or alternative healthcare treatment and related disclosure duties where applicable. PHO professionals will practice within their authorization and scope and will not use a wellness label to avoid clinical responsibilities. Staff education, scheduling assistance, preliminary SECA explanation, or product information is not a substitute for the authorized professional's diagnosis or treatment decision.

Individual assessment and evidence limitations

Your PHO services will be selected according to your evaluation and agreed care plan and can include preventive and functional assessment, nutrition or lifestyle education, wellness support, and clinically appropriate medical services. Your treating professional will explain the actual service, evidence supporting a proposed intervention, relevant uncertainty, risks, alternatives, and expected monitoring. Natural origin does not establish safety; supplements can interact with prescriptions, affect surgery or pregnancy, and cause adverse effects. You will need to disclose all products and will need to consult the treating professional before stopping necessary conventional care. Do not stop prescribed care based solely on a wellness recommendation.

A SECA assessment provides body-composition information for interpretation with history, examination, labs, concerns, and goals. It does not alone diagnose every disease or determine eligibility for a specific product. PHO will select testing and treatment for an individualized clinical reason. Your registration does not authorize testing or treatment that is unnecessary for your care.

Products, compounding, and emerging treatments

Dietary supplements and nutraceuticals are not automatically approved as drugs and will not be represented as proven to diagnose, treat, cure, or prevent disease without a lawful basis. Compounded finished drugs are not FDA-approved; off-label use differs from approved drug labeling. A proposed peptide, regenerative, exosome, or other emerging intervention must be evaluated for its actual legal status and clinical suitability. General clinic availability or a disclaimer does not authorize an unapproved or otherwise unlawful use. PHO will provide any required specific disclosure and consent and will not guarantee safety or effectiveness from marketing claims.

PHO orders patient-specific medications or treatment products after the relevant evaluation, authorization, and payment rather than maintaining standing unassigned inventory. Product-specific dosing, storage, contraindications, and follow-up must be explained in the relevant treatment documents. Financial terms and outside charges remain separately disclosed.

Marketing, referrals, and rights retained

Web content, packages, testimonials, social media, and general educational materials do not themselves establish treatment eligibility, informed consent, or a complete provider-patient relationship. Individual results vary, and no weight, hormone, laboratory, disease-reversal, pain, or aesthetic outcome is guaranteed. PHO will describe evidence and limitations accurately rather than imply every testimonial is a typical result.

If a service is inappropriate or your needs exceed PHO's capability, your treating professional will decline that service and explain appropriate referral options. You have the right to ask questions, seek another opinion, or decline a recommendation. You will not use this acknowledgment as a reason to postpone emergency care. This disclaimer does not release PHO from negligent care, legal compliance, truthful representations, privacy duties, or other non-waivable obligations.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



16. Compliance, Privacy, PHI Safeguards, and Practice Operations Acknowledgment

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Government rules and PHO responsibilities

Applicable government requirements include HIPAA's Privacy, Security, and Breach Notification Rules in 45 CFR parts 160 and 164; Florida medical-record confidentiality under section 456.057; applicable professional licensing and scope rules; telehealth requirements under section 456.47; patient rights under section 381.026; and financial protections applicable to the service. PHO adopts compliance with these applicable requirements as its practice policy and will implement them through verified professional authorization, appropriate consent, confidentiality safeguards, accurate records, and lawful billing. Your signature does not replace the operational safeguards, training, documentation, consent, or oversight those rules require.

The Florida Agency for Health Care Administration (AHCA) administers applicable facility and health-care-clinic requirements, including the Health Care Clinic Act in chapter 400, part X, and relevant chapter 408 provisions and implementing rules. Applicability depends on the entity's actual operations and legal status. PHO will maintain any required license, exemption, or other authorization and meet the corresponding duties. A clinic license or exemption does not mean that AHCA endorses your individual treatment.

Protected information and controlled use

PHI can include identifiable history, diagnoses, medication and laboratory information, clinical notes, photographs, appointments, and payment information. PHO will use appropriate administrative, physical, and technical safeguards, restrict access according to authorized duties, and use minimum-necessary standards when they apply. Treatment disclosures and other exceptions must still have a lawful purpose and appropriate safeguards. Clinical information belongs in the authorized clinical record environment rather than public event forms or general community messages.

Outside laboratories and pharmacies can have their own treating-provider responsibilities. Organizations acting as PHO business associates must have required agreements and restrictions before receiving applicable PHI. A vendor label does not itself establish permission. PHO will not treat personal email or unrelated accounts as authorized destinations merely for convenience. Public marketing use, release to unrelated persons, and sensitive records require the applicable permission or legal authority.

Records, identity verification, and patient cooperation

PHO will verify your identity and any representative's authority, request necessary history and records, document informed decisions, and retain clinical and administrative records as required. You will need to provide accurate information, use the approved patient communication method, secure your credentials, and report suspected mistakes or unauthorized access. PHO's obligation to protect records remains its own; patient cooperation is not a waiver or transfer of that duty. PHO will honor lawful access, amendment, confidentiality, breach-notice, and complaint rights.

Policy changes, incident response, and your retained rights

No technology or human process is risk-free. If a privacy or security incident occurs, PHO will assess it, contain and address it, and provide required notifications; a signed consent does not excuse a breach. Updated policies can govern future activity only as permitted by law and any agreement, with appropriate notice and specific consent where needed. PHO cannot create new financial authorization or retroactive treatment consent merely by changing a policy.

This form explains PHO's obligations and your responsibilities. Your signature acknowledges these terms; it does not transfer PHO's legal duties to you. You retain statutory remedies, privacy rights, and the professional standard of care, and have the right to report concerns to PHO or the appropriate agency without retaliation.

Patient / representative signature: _____	Date: _____ Time: _____ Initials: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.



17. Global New Patient Acknowledgment and Agreement

2828 S Seacrest Blvd, Suite 216, Boynton Beach, FL 33435 | Phone: (561) 778-8121 | health@pharmxhealthone.com | www.pharmxhealthone.com

Patient name: _____ Date of birth: _____

Documents received and decisions made

By signing, you acknowledge that PHO supplied access to the forms in this packet and its full HIPAA notice, with paper copies and assistance available on request. You have had an opportunity to read and ask questions. This acknowledgment confirms access and the specific decisions actually completed; it does not automatically sign every separate form, fill missing authorization fields, or turn optional choices into mandatory requirements.

The packet contains general evaluation consent, telehealth consent when used, privacy-notice receipt, care-communication choices, portal terms, cash-pay and outside-billing terms, Good Faith Estimate rights, laboratory and medication coordination consent, an optional information-release authorization, final-sale terms, disclosed scheduling terms, specific payment authorizations, patient rights and emergency limits, scope disclosures, and compliance responsibilities. Each named form keeps its own scope, required fields, and signature. An optional information release or recurring payment selection remains unapproved if its required details and consent are not completed.

PHO evaluation, payment, and ordering process

PHO reviews your health concerns and goals, registration history, relevant records, SECA assessment when appropriate, required labs, and professional evaluation before determining suitable treatment. PHO staff will assist with your intake and preliminary assessment information; your authorized treating professional will make clinical decisions. You will need to bring identification, a medication list, available current labs, and an insurance card when outside laboratory billing can be used. If more information is necessary, your provider will identify what you need to provide. PHO will not provide an unsafe or legally unavailable service.

PHO is cash-pay for its own healthcare services. Independent laboratory and pharmacy billing can differ and insurance coverage is not assured. Consultation charges are due under the disclosed consultation policy; a selected treatment package is paid at purchase unless an approved written installment plan applies, with at least 50 percent down. PHO does not keep standing unassigned medication inventory: patient-specific products are ordered after the relevant review, treatment decision, consent, and payment. A payment or completed intake does not guarantee prescribing, fulfillment, or an outcome.

Separate treatment and communication authorizations

You will need to cancel an appointment at least 24 hours before its scheduled start time. PHO will charge \$25 for a cancellation less than 24 hours before that time. Arrival more than 10 minutes late is a no-call/no-show and carries a \$20 fee, as explained in the scheduling policy.

General registration does not replace intervention-specific informed consent, applicable special testing consent, a lawful sensitive-record authorization, representative authority, research consent, or authorization for promotional images. Your treating professional will explain the particular risks, benefits, alternatives, dosing or procedure instructions, and monitoring as appropriate before you decide. You have the right to decline or withdraw future consent, understanding that necessary prerequisites can affect safe continuation.

Care coordination is separate from PHO Event & Community SMS Updates and recurring promotions. You have not enrolled in optional promotional messaging merely by signing this packet. Clinical questions and sensitive details belong in the approved patient system rather than public event channels. PHO does not provide emergency or after-hours emergency clinical service; you will need to call 911 or seek emergency care instead of waiting for PHO messages.

Rights preserved and final acknowledgment

Florida and federal protections described in these forms apply independently of PHO business policies. Nothing here waives confidentiality, required record access, valid billing disputes, legally required overpayment refunds, Good Faith Estimate rights, legally protected complaints, or the professional standard of care. HIPAA acknowledgment is receipt, not a privacy waiver. You are not releasing negligent care or consenting to undisclosed charges.

Before signing, you will need to review the applicable document and request clarification of anything you do not understand. Tell PHO if you need assistance, interpretation, or more information before making a decision. PHO will document the specific form version, your signature and signing date, your recorded decisions, and any verified representative authority, and retain the completed documents in the appropriate record. You can request a copy of your completed forms. A new or changed treatment requiring additional consent will be explained and documented separately.

You confirm that your supplied information is accurate to the best of your knowledge and will report relevant changes. Do not sign a form you do not understand or feel pressured to accept. If a representative signs for you, that person will need to provide identification and establish applicable legal authority. A valid electronic signature records the specific document and decision, with identity, date, and time documented through the authorized system; PHO will not treat an incomplete or unreviewed form as a completed consent.

Patient / representative signature: _____	Date: _____ Time: _____
Printed name: _____	Representative relationship / authority: _____

When you sign electronically, PHO will record the signer, specific document, date, time, and any representative authority.