



PATIENT TREATMENT FORM

Hormone Replacement Therapy (HRT) Consent and Patient Agreement

For your individualized hormone evaluation and proposed treatment

Patient legal name:	Date of birth:
Preferred phone:	Date of form:

Purpose and Scope

This consent applies only to the treatment identified in this document and your completed treatment plan. Before you sign, PHO will identify the proposed service, responsible professional, clinical purpose, treatment area or route, expected course, material risks, reasonable alternatives, follow-up, and charges. You will need to review that information and ask for clarification before deciding. A signature on a general registration packet does not authorize an unspecified drug, dose, injection, procedure, or device treatment. This form supplements your General Consent for Evaluation and Treatment, HIPAA Notice of Privacy Practices, applicable Telehealth Consent, financial agreement, Good Faith Estimate notice, and patient portal terms. Separate legally required consent remains necessary.

Hormone care includes review of symptoms and history, a clinically appropriate examination or lawful telehealth assessment, relevant laboratory review, contraindication assessment, individualized prescribing, dose review, monitoring, and follow-up. PHO will not promise eligibility, a prescription, symptom relief, improved sexual function, fertility, weight change, or an anti-aging result. Your treatment plan will identify each hormone, formulation, route, clinical reason, and schedule. A pellet procedure, injection, or other intervention requiring additional explanation will have its own procedure information and consent.

Government Requirements and PHO Commitments

Florida's Medical Consent Law, section 766.103, and the patient-rights requirements in section 381.026 govern applicable informed decisions and patient rights. Florida professional licensing laws and Department of Health and professional-board rules govern who can evaluate, prescribe, administer, or supervise your care. AHCA administers applicable clinic requirements under chapter 400, part X, chapter 408, part II, and implementing rules. Their application depends on the clinic's legal status and services. PHO will comply with applicable requirements, maintain required professional and facility authorization, and provide services within lawful scope and supervision. Agency oversight is not an endorsement or guarantee of your treatment result.

HIPAA and section 456.057 protect applicable health information and medical records. PHO will safeguard your information, document your care and decisions, and honor applicable access, confidential-communication, and complaint rights. Your signature is not a release of negligent care, a waiver of privacy rights, or permission for public marketing. Clinical photographs and special testing or sensitive-record disclosures will be addressed separately when required. PHO will apply any more protective law governing your record or service.

Prescription and electronic-prescribing requirements, including Florida sections 456.42 and 456.43 where applicable, and federal controlled-substance rules apply. Testosterone is subject to controlled-substance requirements. Telehealth prescribing will follow the law governing your physical location and the prescription; signing does not create an exception.

Eligibility, Labs, and Monitoring

PHO requires relevant laboratory results before an HRT consultation. Your provider will identify the necessary baseline tests and whether your available results are sufficiently current and complete. Follow-up tests are individualized and can include hormone levels, complete blood count and hematocrit, metabolic markers, kidney or liver measures, lipids, thyroid measures, pregnancy testing, or prostate evaluation when relevant. This is not an order for every listed test. You will need to complete the tests and visits actually required for your plan before initiation, changes, refills, or continuation when specified.

Before treatment and each follow-up, disclose your diagnoses, blood pressure problems, clotting history, cancer history, prostate or urinary concerns, unexplained vaginal bleeding, sleep apnea, heart, kidney or liver disease, pregnancy or breastfeeding, fertility plans, medications, supplements, allergies, and prior reactions. PHO will evaluate a contraindication

or safety concern before proceeding. Refusal of required monitoring can make safe prescribing impossible; PHO will explain the consequence and transition steps. Quest, Labcorp, or another laboratory can bill separately under its agreement, including valid deductibles or uncovered charges.

Risks and Possible Side Effects

Risks depend on the actual hormone, dose, route, duration, age, and medical history. They can include acne, oily skin, hair growth or loss, fluid retention, breast tenderness, mood or sleep changes, changes in libido or menstrual bleeding, altered cholesterol or blood counts, irritation from a patch or gel, and injection reactions. Blood clots, serious allergic reactions, cardiovascular complications, liver effects, or effects on hormone-sensitive conditions require individual assessment; this list does not mean every hormone has the same risk.

Testosterone can suppress natural production, reduce sperm count and fertility, raise hematocrit, and increase blood pressure. Your provider will address current product labeling and monitoring, including prostate or urinary concerns where relevant; this form does not assert that every testosterone use causes prostate cancer or a heart attack. Topical hormone products can expose another person through skin contact unless you follow the product-specific covering, washing, and contact precautions. Do not allow children or other people to contact an application site contrary to instructions.

For estrogen-containing treatment, clot, stroke, breast, endometrial, and other risks depend on the product and your circumstances. If you have a uterus, your professional will address the need for endometrial protection with systemic estrogen, unexplained bleeding, and appropriate screening. Report unexpected bleeding, severe headache, vision changes, major mood changes, or new adverse effects promptly. Seek emergency care for chest pain, severe shortness of breath, sudden weakness, severe allergic symptoms, or a painful swollen leg with concerning symptoms.

No Athletic Enhancement or Misuse

PHO will not prescribe hormones for bodybuilding, athletic or performance enhancement, or non-medical misuse. Do not share, sell, transfer, increase, combine, or change your prescribed hormone without authorization. If you participate in regulated athletics, you will need to check the requirements of your governing body, including USADA, WADA, NCAA, or the relevant professional organization. You will also need to check any applicable employment rule. PHO cannot guarantee a treatment satisfies those independent requirements.

Alternatives and Primary Care

Your professional will discuss reasonable alternatives for your clinical concern, including no hormone therapy, observation, lifestyle measures, treatment of an underlying condition, non-hormonal medication, or specialist referral. You will need to maintain appropriate preventive and primary care, age-appropriate screening, and gynecology, urology, endocrinology, cardiology, or oncology follow-up when indicated. PHO's hormone consultation does not replace those services.

Patient-Specific Products and No Refunds

PHO's own services are cash-pay. You will need to pay the disclosed consultation fee immediately after your consultation. If you choose a treatment package, the full disclosed price is due at purchase unless PHO approves a written installment agreement requiring at least 50 percent down and specifying the remaining amounts and due dates. A recurring plan requires separate, completed payment authorization; this clinical signature does not authorize recurring billing. PHO will provide applicable Good Faith Estimates and itemized charge information. Outside laboratories, pharmacies, or other providers will have their own billing terms; insurance use for outside services does not mean PHO accepts insurance. You will need to verify coverage and expected outside costs before authorizing those services; coverage is not guaranteed.

PHO does not maintain standing inventory of unassigned patient medications or treatment products for anticipated resale. Relevant evaluation, laboratory review when required, treatment selection, consent, and payment precede your patient-specific order. Your order or invoice will identify the purchase, price, fulfillment terms, and the point at which an authorized order becomes noncancelable. Not every medication is compounded.

PHO's final-sale and no-refund policy is a clinic business policy, not a government rule requiring every healthcare purchase to be nonrefundable. PHO will not voluntarily accept medication or healthcare-product returns or refund an authorized purchase after its disclosed patient-specific order commitment. PHO will not voluntarily refund consultation, assessment, procedure, or treatment services already partially or fully provided. Individual preparation, pharmacy or supplier costs, professional time, shipping, refrigeration, sterility, storage, contamination, tampering, and product integrity can make the incurred costs nonrecoverable. A change of mind, discontinued treatment, missed follow-up, or an undesired result alone does not create a voluntary refund for those authorized costs.

PHO will evaluate prepayments for unprovided services, unused package portions, unavailable products, or canceled future care under the actual written agreement and applicable law; they are not automatically forfeited. PHO will correct

established billing errors, unauthorized or duplicate charges, and legally required refunds. Section 456.0625 and section 408.12, where applicable, require qualifying patient overpayments to be refunded within 30 days after determination. Good Faith Estimate remedies and other non-waivable rights remain protected. Report a billing or fulfillment concern promptly; contacting PHO does not eliminate an external dispute right or extend a legal deadline.

You will need to cancel at least 24 hours before your scheduled appointment start. PHO will charge \$25 for cancellation less than 24 hours before that time, including a rescheduling request that cancels the original appointment within that period. If you arrive or connect more than 10 minutes late, PHO will classify the appointment as a no-call/no-show and charge \$20; calling ahead does not extend the arrival limit. Failing to attend without canceling also carries the \$20 no-call/no-show fee. Cancel by calling 561-778-8121 or using the scheduling method specifically identified in your confirmation. Give your name and appointment date and time and retain the message or confirmation. PHO will document receipt and will not impose a patient cancellation or no-show fee for a PHO cancellation or PHO system failure. These scheduling fees do not mean an unperformed treatment was provided. Appointment cancellation does not cancel a separate recurring plan or committed product order.

Patient Acknowledgments and Voluntary Consent

You have the right to ask questions, seek another opinion, decline the proposed treatment, and withdraw consent to future treatment. Tell PHO immediately if you do not want to proceed or do not understand an instruction. Withdrawing consent does not undo care already provided or lawful charges already incurred. If necessary testing, monitoring, or consent is not completed, your professional will explain whether care must be delayed, modified, or stopped and will address appropriate follow-up and continuity of care. PHO will retain the specific completed form, signing date, recorded decisions, and verified representative authority in the appropriate record. You can request a copy. Sign only after the patient-specific information is completed and your questions have been addressed; do not sign a blank authorization.

By signing, you acknowledge the individualized hormone plan and discussions recorded below, required laboratory monitoring, material risks and alternatives, no guaranteed result, restrictions on misuse, and the disclosed financial and scheduling terms. You voluntarily authorize only the identified hormone care and retain your legal and privacy rights.

Your Specific Treatment / Instruction Record

PHO will complete these patient-specific details with you, or identify the attached completed clinical plan, before you sign. Unused fields will be identified as not applicable with the appropriate explanation. A blank field is not consent to an unspecified treatment.

Drug(s) / ingredient(s) and exact formulation:	Clinical indication and patient-specific reason:
Dose and route; strength / concentration:	Frequency, duration, and titration plan reference:
Prescriber and source / pharmacy:	Status: approved use / off-label / compounded; basis:
Required labs, monitoring and review dates:	Important product-specific risks, interactions, alternatives and discussion reference:
Use, storage, disposal and missed-dose instructions supplied (title/date):	Patient questions and responses / remaining concerns:

Your signature authorizes only the completed, identified care described in this form.

Patient / authorized representative signature:	Date: _____ Time: _____
Printed name:	Representative relationship and verified authority, if applicable:
Clinician completing treatment discussion / instructions:	Clinician signature and date:

PHO will record the specific form version and signing details. For electronic signing, PHO will retain the identity, date and time, document, recorded decision and applicable representative authority. You can request a copy.