

Informed Consent

Client Presentations, Warranties, and Disclaimer Agreement

Participant risk:

I understand that participating in intravenous hydration (iv), vitamin/supplement administration, pharmaceutical administration, IM injections, programs and services made available by VitaFlow IV Hydration and Health carries risks.

I ACKNOWLEDGE AND AGREE THAT THE SOLE RISK OF INJURY OR HARM RESULTING IN ANY MANNER FROM MY CHOOSING TO PARTICIPATE IN SUCH REGIMEN, PROGRAMS AND SERVICES RESTS ENTIRELY WITH ME TO THE EXTENT THAT I DO NOT DISCLOSE MY HEALTH CONDITIONS, MEDICATIONS OR DRUG USE IN ADVANCE.

I expressly represent and warrant to VitaFlow IV Hydration and Health that I have never been diagnosed with nor treated for any diseases, illnesses or conditions which may result in increased risk when I participate in regimens, programs or services made available by VitaFlow IV Hydration and Health nor will screen for, diagnose, monitor or otherwise provide any care or treatment for such conditions.

I acknowledge and understand that VitaFlow IV Hydration and Health, is relying upon the foregoing representations and warranties from me upon VitaFlow IV acceptance of me for participation in its elective medical programs and services.

Risks of Services:

INJURY, BLEEDING, INFECTION, INFLAMMATION/SWELLING, BRUISING OR SCARRING
RESULTING FROM IV INFILTRATION, EXTRACTION AND EXTRAVASATION
MISPLACEMENT OF IV LINES IN THE BODY
AIR EMBOLISM
FLUID OVERLOAD
MEDICATION ADVERSE INTERACTIONS
NAUSEA
LIGHTEADEDNESS
NERVE INJURIES
LIGHTEADEDNESS OR FAINTING

I EXPRESSLY REPRESENT AND WARRANT TO ACTIVATED IV THAT I AM NOT A USER OF ILLEGAL DRUGS AND/OR CONTROLLED SUBSTANCES AND CURRENTLY AM NOT UNDER THE INFLUENCE OF NOR RECOVERING FROM THE USE OF ILICIT SUBSTANCES AT THE TIME OF THE PROVISION OF SERVICES TO ME.

IN THE EVENT OF AN EMERGENCY CALL 911 OR PROCEED TO THE NEAREST EMERGENCY ROOM.

You are being treated under the protocols and licensure of Dr. George Rojas.

Acknowledgement: I confirm that I have read this form and fully understand its contents. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the sessions and programs offered by VitaFlow IV Hydration and Health. I understand the nature of the sessions and programs and that participating in them carries risks. I have been given an opportunity to ask questions, and all of my questions have been answered fully and to my satisfaction. I agree to my assumption of all risks associated with my participation. Patient authorization is required for any disclosures of PHI (protected health information). A record of your treatment will be created regarding services that you have received. Federal and state law mandate that we must follow the Notice of Privacy practices that are in effect at the time of disclosure. We are committed to your privacy.

Your PHI may be used in the following ways:

Improvement of healthcare operations
Advisement of additional treatment options
health related benefits and services referral.
Dates of services, types of services, origin of information, age, gender, vital signs for QI.
Lawsuits/proceedings with a court or administrative order.
Response to discovery request, subpoena or other lawful process with notification of request.
Request by law enforcement official with sufficient warrant.
You are being treated under the supervision of Dr. George Rojas.

I have read the above and agree to the terms and consent to participate in the services provided by VitaFlow IV Hydration and Health, LLC and administrated by its qualified staff.

PARTICIPANT'S NAME (PRINT)

DATE

PARTICIPANT'S SIGNATURE

Email

Phone

Address

City

State

Zip