

MIDWEST INTEGRATIVE HEALTH LLC

MIH - IV Consent

IV Therapy Consent

Consent:

This form outlines that you understand that a peripheral intravenous catheter will be inserted into a vein in your body, and you will have fluids, vitamins, minerals, nutrient, and/or medications infused directly into your body. This is considered "IV Infusion Therapy." If you are having injection therapy, then you understand that a vitamin, mineral, nutritional compound, and/or medication will be injected directly into the subcutaneous fat or muscle of your body. This is considered "Injection Therapy."

IV Infusion therapy does not diagnose or treat medical conditions nor does it claim or guarantee to treat or relieve any medical condition.

I understand that the use of IV infusion or injection therapy is not FDA approved and therefore is considered an alternative therapy. I have informed Midwest Integrative Health, LLC of all of my current medications, supplements, and allergies.

I understand that serious adverse events could happen if I neglect to provide complete and truthful health information. I understand that any procedure involves risks.

Risks and side effects may include redness, swelling, skin irritation, itchiness at the injection site, inflammation of the vein used for injection, bruising, air embolism, phlebitis, fainting and dizziness, nausea, headache, severe reaction to the supplement and/or vitamin (including anaphylaxis, cardiac arrest or death), or blood clots.

I understand that less common risks involved with IV and injection therapies include, but are not limited to, infection at the site of the IV insertion or injection, injury to the tissue, phlebitis, low blood pressure, fainting, fluid volume overload, medication interactions, and/or drops in blood sugar levels.

I understand that the benefits of IV and injection therapies include, but are not limited to, enhanced absorption of vitamins and minerals as they bypass the digestive tract, increased total body hydration, alleviation of certain symptoms, increased total body nutrient density, and improved performance and recovery.

Midwest integrative health, LLC has explained the nature of the treatment, the purpose of the treatment, the expected benefits of the treatment and the possible risks involved with this treatment.

I understand that each person has a different response to the IV infusion and injectable therapies.

I understand the above and have voluntarily elected to undergo this treatment or procedure.

I understand that I have the right to refuse any treatments or treatment recommendations at any time. I have read and understand the post – treatment home care instructions. I am willing to follow recommendations made by Midwest Integrative Health, LLC provider for a home care regimen that can minimize or eliminate possible negative reactions.

I give permission to Midwest Integrative Health, LLC and certified staff to perform the procedure discussed and will hold them harmless and release them from any liability that may result from complications or damages associated with IV Infusion or injectable therapy. I have been provided the opportunity to ask questions and voice any concerns and have received satisfactory responses.

I confirm that I am at least 18 years of age and that I am not under the influence of any illegal drugs or substances.

Treatment with IV and injectable vitamins/minerals/hydration/nutrition and/or medications offered at Midwest Integrative Health, LLC is completely voluntary in nature. Alternative therapy for the symptoms you are seeking IV infusion and injectable therapy for include, but are not limited to, ongoing treatment by your primary care provider and/or specialty provider, oral supplementation, and dietary/lifestyle modifications.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I understand that there are **NO** refunds for services rendered. I further agree in the event of nonpayment, to bear the cost

of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the informed consent and agree to the treatment with its associated risks. I hereby give consent for IV infusion. I agree to inform my medical provider immediately if I have any side effects. I hereby release Midwest Integrative Health, LLC, Jessica Thorman, APRN, FNP-C and the person performing IV insertion and infusion of any damages or liability if anything were to occur.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE IV THERAPY CONSET FOR MIDWEST INTEGRATIVE HEALTH, LLC, AND THAT I AM SIGNING THIS FORM VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE -

Date