

MIDWEST INTEGRATIVE HEALTH LLC

MIH - BHRT Consent Form

BHRT Consent Form

CONSENT FOR BIOIDENTICAL HORMONE REPLACEMENT THERAPY (BHRT) PROGRAM

Please read the carefully and acknowledge at the bottom.

I understand that the role of the practitioner and Midwest Integrative Health, LLC is for hormone replacement only. I agree that I am and will be under the care of another physician for all other medical conditions.

I request for Midwest Integrative Health, LLC to assess my need for prescription BHRT and if necessary for optimal health and wellness, enroll me into the BHRT monthly membership and prescribe for me Bioidentical Hormone Replacement Therapy (BHRT), also known as "**treatment**." I authorize that these treatments will be prescribed by the physicians and/or nurse practitioners to the compounding pharmacy working alongside Midwest Integrative Health, LLC.

I understand that compounded BHRT is not specifically approved by the FDA for preventive medicine and my request for BHRT is considered off-label.

I understand that the medical literature indicates that there may be health benefits to the use of BHRT, but its long-term effects are undetermined.

I have not been promised or guaranteed any specific benefit from the administration of this therapy. I understand that hormone supplementation for rejuvenation purposes is a new specialty and there are no guarantees with respect to the treatment prescribed.

I understand that Midwest Integrative Health, LLC cannot guarantee any results nor can they guarantee that there will be no harm.

The potential health risks and benefits of using BHRT have been explained to me to my satisfaction.

I understand that any hormone replacement including BHRT has the potential to increase my risk of breast cancer and for this reason it is recommended that I have routine mammograms every 1-2 years after age 40 and prior to starting HRT. It is recommended to continue with monthly self breast exams and to follow up with your PCP or OB/Gyne timely.

I understand that estrogen alone can cause uterine cancer and that I will need to take this with progesterone for uterine protection. I understand that while Testosterone has been shown in medical literature to have benefits in women, it is not currently FDA approved for the use in women and that if I choose to undergo this treatment, it is considered an off label treatment.

I understand that initial blood tests will be performed to establish my baseline hormone levels.

I agree to report to my practitioner any adverse reactions or problems that might be related to my hormone therapy. I understand that with hormone supplementation, there are possible risks and complications that could arise if I do not comply with all medical directions.

I understand that this treatment requires routine lab monitoring. Labs will be ordered as often as every 3 months until my symptoms are stable and the hormones appear balanced based on lab evaluation, but that labs can be ordered at any time if I am feeling unbalanced.

Currently, only Progesterone and Estrogen may be covered by insurance in an oral or transdermal (patch) form. Any topicals such as creams or gels will need to be sent to a compounding pharmacy. Testosterone is a controlled substance and I understand that I will need to provide my Driver's License information for this prescription and must adhere to the prescription instructions.

I certify that I have read the above consent and fully understand it. I believe that I have adequate knowledge upon which to base this BHRT informed consent. I fully understand what I am signing and hereby request and consent to BHRT treatment.

I have been informed that insurance companies and Medicare do not pay for hormone supplementation therapy. I also acknowledge that Midwest Integrative Health, LLC does not work with or bill to any 3rd party insurance company. I, therefore, agree to pay for all services including laboratory and pharmacy charges myself, with the understanding that I will not be reimbursed by my insurance company.

BHRT Membership Program and Options:

In order to provide you with the best care possible, Midwest Integrative Health, LLC has moved its BHRT program to a membership model. This will allow for Midwest Integrative Health, LLC to respond more timely and efficiently to questions, concerns and refill requests. Rather than charging per visit or per prescription, the following fees will be instituted for BHRT Management:

- *Initial Consultation: \$150 (plus the startup costs for medications, if prescribed)*

- *Initial Female Hormone Labs: \$160*

- *Initial Consultation with Labs (when completed at the same visit): \$300*

- *Follow-up Female Hormone Labs: \$95 (non-members) / \$60 (members)*

**Monthly HRT management (no compounded medication): \$99*

**Monthly HRT management with 1 Compounded Hormone: \$130*

**Monthly HRT management with 2 Compounded Hormones: \$170*

**Monthly HRT management with 3 Compounded Hormones: \$210*

*All labs **MUST** be drawn on days 19-21 of your cycle. Day 1 is the first day of your menstrual cycle. This is important as it gives the best progesterone value.

**All memberships include all-access to your provider through your portal and/or secure text messaging, follow-up visits every 3 months, and refills on hormone replacement therapies.

***All memberships will be on a **recurring month-to-month basis** starting one month after your initial consult and will continue until a written cancellation notice is received by either party.

****You **MUST** reach out in writing and provide a 30-day cancellation notice via the portal, secure text messaging or via email at admin@midwest-integrative.com to cancel your membership. Once a membership is cancelled, no further prescriptions will be filled.

*****There are **NO** refunds on any membership fees.

Some situations may require Ala Cart fees (including refusing to enroll in the BHRT program). Ala Cart fees could include, but are not limited to the following:

- *\$150 Initial Consult*

- *\$160 Initial Lab Fee*

- *\$75 Follow-up Visit*

- *\$95 Follow-up Lab Fee*

- *\$75 Lab Review*

- *\$50 per email or phone conversation*

- *\$25 per medication refill*

- *Lab fees determined based on the number of tests being ordered.*

- *Other fees would include applicable prescriptions sent to compounding pharmacies*

**** There are NO refunds on any Ala Cart fees ****

Consent:

I have read and understand all of the above consent. I have had other verbal and/or written information given to me about hormone supplementation therapy so that I fully understand what I am signing and hereby request and consent to treatment using hormone supplementation therapy.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE BHRT CONSENT AND CLINIC POLICY FOR MIDWEST INTEGRATIVE HEALTH, LLC AND THAT I AM SIGNING THIS FORM VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE -

Date

AI Scribe Consent

At Midwest Integrative Health, LLC, we utilize a HIPAA- Compliant AI medical scribe to assist our healthcare practitioner in documenting your visit more thoroughly and efficiently, allowing her to focus more on your care and less on note-taking during your appointment. This means that all visits are audio recorded for the AI Scribe.

This consent form is intended to inform you about the use of this technology and obtain your permission to use it during your consultations.

- The AI scribe tool securely transcribes and summarizes the spoken interaction between you and your provider. The summary of the visit is then reviewed by the provider and used to complete the visit note which is then entered into your medical record.
- All information processed by the AI scribe system is protected and handled in accordance with HIPAA privacy laws.
- The use of the AI scribe is intended for documentation purposes. However, once finalized, this documentation (and its audio recording) becomes part of your legal medical record and may be accessed as needed for:

1. Continuity of care
2. Billing and insurance purposes
3. Regulatory audits or inspections
4. Legal or court-ordered disclosure as permitted or required by law.

By consenting, you acknowledge that AI-assisted documentation may be used for any lawful purpose related to your medical care and medical record retention.