

Personal Information:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First Name:	Middle Initial:	Last Name:
Address:	City:	State:	Zip:
Gender: F M	Birth Date:	Age:	Last 4 of social:
Email:	Mobile Number:	Home Phone:	
Occupation:	Employer:	How may we contact you: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Current Weight:		Height:	
Emergency Contacts: <i>(You must list at least one person)</i>			
Name:	Relationship:	Number:	
Name:	Relationship:	Number:	
How did you heard about us:			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Drive By <input type="checkbox"/> Living Social <input type="checkbox"/> Amazon <input type="checkbox"/> Groupon <input type="checkbox"/> Internet <input type="checkbox"/> Doctor Referral <input type="checkbox"/> TV <input type="checkbox"/> Billboard <input type="checkbox"/> Radio <input type="checkbox"/> Door hanger <input type="checkbox"/> Grand opening balloon <input type="checkbox"/> Friend/Family <input type="checkbox"/> Previous location			
Your referral's name:			
Signed Consents			
<u>HIPAA</u> It is hereby agreed that any and all information, whether written, verbal, literature, protocols or any other communications are considered proprietary and will not be used in any form or shared with any other persons or entities without the expressed written consent of Thinique Medical Weight Loss. In addition, it is agreed that all patient information is to remain confidential under the guidelines of the Health Insurance Portability Act of 1996.			
<div style="background-color: yellow; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Patient Printed Name Patient Signature Date </div> </div>			
<u>Non – Compete / Non – Circumvent Agreement</u> The literature, information, medication, & dietary protocols contained within Thinique Medical Weight Loss program is proprietary information belonging to Thinique Medical Weight Loss. This agreement exists between the undersigned parties. It is hereby agreed that any & all information, whether written, verbal, literature protocols or any other communications are considered proprietary & will not be used in any way without the consent of Thinique Medical Weight Loss. It is further agreed that proprietorship of said information extends to any & all usage in any & all weight loss centers, clinics, or by any other person or entity by the undersigned party or (his/her) associates in the United States. It is further agreed that neither they or their associates or designees will engage in any weight loss, or dietary business using any or all of the aforementioned proprietary information for any reason not contained in a written contract between said party & Thinique Medical Weight Loss.			
<div style="background-color: yellow; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Patient Printed Name Patient Signature Date </div> </div>			

B-12 Information and Consent

- B-12 injections are typically used as a treatment for a certain type of anemia (pernicious anemia). In this type of anemia, people lack intrinsic factor in the stomach which is necessary for the absorption of the vitamin.
- Vegetarians (especially vegans) are also given shots of B12 since their diet is low in animal products, the primary source of B12.
- People with chronic fatigue or anemia require monthly injections of vitamin B12 usually because the oral form is not dependable.
- Vitamin B12 shots are most effective when taken at regular intervals. A regular schedule to receive the injections can be customized to each individual.
- The body's ability to absorb vitamin B12 is reduced with increasing age. Older people often have a more potent vitamin B12 deficiency, even in cases where they do not suffer from pernicious anemia.

BENEFITS of B12

- More energy, mental alertness and stamina for everyday tasks □ Healthier immune systems
- Improves sleep □ Increases metabolism, thereby aiding in weight loss □ Improves mood stabilization
- Reduces allergies, stress and depression □ Lessens frequency and severity of migraines and headaches
- Helps lower homocysteine levels in the blood, reducing probability of heart diseases and strokes

POSSIBLE SIDE EFFECTS AND CONTRAINDICATIONS OF B12

- A vitamin B12 shot is safe and generally has no side effects, even in higher doses.
- Some redness and swelling at the injection site may occur. This should start to get better within forty-eight (48) hours.
- In rare cases, B12 can cause diarrhea, peripheral vascular thrombosis, itching, transitory exanthema, urticaria, feelings of swelling of the whole body.
- Sensitivity to cobalt and/or cobalamin is a contraindication.
- People with chronic liver and/or kidney dysfunction should not take frequent B12 injections.
- Interactions with drugs: Chloramphenicol can impede on the red blood cell producing properties of B12.
- Other drugs that decrease or reduce absorption of B12: antibiotics, cobalt irradiation, colchicine, colestipol, H2-blockers, metformin, nicotine, birth control pills, potassium chloride, proton pump inhibitors such as Prevacid, Losec, Aciphex, Pantoloc, and Zidovudine.
- B12 is contraindicated in Leber's disease, a hereditary optic nerve atrophic condition.

I have read the information regarding risks and benefits of B12 and/or Lipotropic injections on the opposite page 2 and have had a chance to ask questions on the treatment. I have met with a member of the medical staff and understand that the ingredients in the B-12 and Lipotropic Injections could include any of the following: B1, B2, B3, B5, B6, B12 Cyanocobalamin or Methylcobalamin), Methionine, Inositol, Choline Chloride, Chromium Chloride, or Benzyl Alcohol. I am not allergic to any of the above ingredients. I understand the possible complications of injection therapy are minor bruising and bleeding at injected sites, dizziness, headaches and possible fainting from the site of blood. I understand clearly that there may be a slight chance for sensitivities and reactions to injection solutions. I hereby release Thinique Medical Weight Loss and its staff, members and associates from all liabilities regarding my treatment associated with B12 and/or Lipotropic injections.

 Patient Printed Name

 Patient Signature

 Date

Vitamin Consent

I _____ understand that the vitamins and supplements recommended by Thinique Medical Weight Loss are not intended as supplements for medical treatment. They are considered to be wellness products. Some supplements are contraindicated for pregnant women and therefore one should not take these products if pregnant. The FDA has not recommended any of these supplements as a treatment for a particular disease, although there is literature supporting the use of many of the types of supplement we offer. I realize that these products are sold at Thinique Medical Weight Loss as a convenience for our patients. There is no obligation that I purchase the supplements. I have read all the above and understand all features of the above consent.

Signed: _____

Date: _____

Witness: _____

NOTICE OF PRIVACY PRACTICE
Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR OBLIGATIONS:

We are Required By Law To:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION: Described as follows are the ways we may use and disclose health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice's privacy officer.

Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example: we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in our medical care and need the information to provide you with medical care.

Payment: We may use and disclose Health Information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

Health and Care Operations: We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We also may share information with other entities that have another relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services: We may use and disclose Health Information to contact your medical care or payment for your care, such as your family or a close friend. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research: Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS: As Required by Law. We will disclose Health Information when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation: If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes, or tissue to facilitate organ, eye or tissue donations, and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers Compensation: we may release Health Information for worker's compensation or similar programs. These programs provide benefits for work related injuries or illness.

Public Health Risks: We may disclose Health Information for public Health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products that they may be using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release Health Information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even if under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities: We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose Health Information to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of State, or to conduct special investigations.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be made if necessary: 1) for the institution to provide you with health care, 2) to protect your health and safety or health and safety of others, or 3) for the safety and security of the correctional institution.

YOUR RIGHTS: You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to See Below.

Right to Amend: If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing to See Below.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to See Below.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not share information about particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to See Below. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must make your request, in writing, to See Below. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact, See Below. All complaints must be made in writing. You will not be penalized for filing a complaint. **PRIVACY OFFICER'S ADDRESS AND PHONE NUMBER:**

Cris Cawley, Executive Director / 4420 Heritage Trace Parkway, Ste 308, Fort Worth, TX 76244 / 817 717 5100

Patient Printed Name

Patient Signature

Date