

# SPARTA TRT, LLC Clinical Policies

*PATIENT CONSENT FOR HORMONE RESTORATION AND TREATMENT WITH SPARTA TRT, LLC.*

**If you have any questions, please feel free to ask us. Please initial each point acknowledging you understand that:**

\_\_\_\_\_ If you are late or miss your appointment, you may be subject to a \$50 fee.

\_\_\_\_\_ Services must be paid for at the time of service.

\_\_\_\_\_ Health insurance typically does not cover services provided at Sparta TRT, LLC. If you want to seek insurance reimbursement, we would be happy to provide you itemized invoices that you can submit to your insurance company.

\_\_\_\_\_ Testosterone is considered a controlled substance. I agree that I will take my medications as prescribed. I agree to follow my medical providers instructions. I also agree that I will not sell or share my prescriptions to other individuals.

\_\_\_\_\_ I understand that treatments used at Sparta TRT, LLC might not be considered a medical necessity. Treatments rendered are for the purpose of improving your quality of life through hormone restoration, nutritional and supplemental counseling, and possibly weight loss treatment.

\_\_\_\_\_ I agree that if I am having any side effects or become sick, that I will follow up with my primary care provider or go to an urgent care or emergency department.

\_\_\_\_\_ I acknowledge that Sparta TRT, LLC, a Sparta TRT, LLC designated provider and Benjamin Carey, NP are not my primary care providers. I agree that I will continue with routine care through my primary care provider and notify them of treatments prescribed at Sparta TRT, LLC.

\_\_\_\_\_ I understand that there are no refunds for services or products rendered. We cannot accept back used medications once they have been dispensed per state regulation.

\_\_\_\_\_ I understand that having an appointment with Sparta TRT, LLC does not necessarily entitle me to being issued a testosterone prescription. Every individual is different, and it is at the medical providers discretion to issue a testosterone prescription.

\_\_\_\_\_ I understand that I must maintain my follow up appointments to remain on treatment. It is important that lab work is monitored regularly for safety purposes. It is important that Benjamin Carey, NP or a Sparta TRT, LLC designated provider manages my treatment and it is at their discretion to provide or withhold treatment.

\_\_\_\_\_ I acknowledge that I have been advised of the risks and benefits of treatment. I also acknowledge that I have been advised of possible complications and side effects. I understand the risks, benefits, complications, and side effects of treatment.

\_\_\_\_\_ I am voluntarily requesting treatment with Sparta TRT, LLC and Benjamin Carey, NP regarding hormone replacement therapy and additional treatment modalities as determined by a mutual decision between myself and the medical provider even if my hormone levels are considered to be in normal range for my age based off of other medical society recommendations and guidelines.

\_\_\_\_\_ I do not hold any medical practitioner of Sparta TRT, LLC responsible for performing prostate cancer screening, colon cancer screening, digital rectal exams, or other age-related preventive care. I agree that I will follow up with my primary care provider to obtain these screenings and I hold Sparta TRT, LLC, a Sparta TRT, LLC designated provider and Benjamin Carey, NP harmless if an adverse event occurs during my treatment. I will ensure that my primary care provider provides the results of such screenings to Sparta TRT, LLC as this could change the treatment prescribed to me.

**I have read, understand and agree to all of the above statements.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_