INFORMED CONSENT FOR HYDRATION THERAPY SERVICES AND ARBITRATION AGREEMENT

NAME: _____ DATE:_____

ADDRESS:_____

CITY/STATE/ZIP: _____/_____/_____ PHONE NO:_____

GENDER:_____ DOB (ID REQUIRED): _____ DL: _____

EMERGENCY CONTACT:

NAME:_____ PHONE NO:_____ RELATIONSHIP: _____

What is the reason for the visit today? Please check all that apply.

____ Alcohol related illness
____ Viral syndrome
____ Nausea
____ Vomiting
____ Diarrhea with nausea and vomiting
____ Diarrhea without nausea and vomiting
____ Flu/Flu like symptoms
____ Hydration

Current Medications and Current Dosages (Include all prescriptions, over the counter, herbs, vitamins and supplements):

_____
_____
_____

Allergies:_____

Type of Reactions: _____

Medical History:

1. Have you been hospitalized or under care of a physician in the past month? ___ Y ___ N
2. Congestive Heart Failure? ___ Y___ N
3. Liver Disease? ___ Y ___ N
4. Kidney Disease or Renal Insufficiency? ___ Y ___ N
5. Gastrointestinal Bleeding? ___ Y ___ N
6. Are you currently taking any blood thinners? ___ Y ___ N
7. Do you currently take or use any type of steroids? ___ Y ___ N
8. Are you pregnant? ___ Y ___ N

COVID Screen:

Have you had a Temperature >100.3: __Y__N
Have you had a Cough/ short of breath: ___Y___N
Have you lost sense of taste/smell: ___Y___N
Have you developed any stomach problems: __Y__N
Have you come in close contact with confirmed COVID: __Y__N
Have you been tested/confirm COVID positive: __Y__N

If you answered YES to any of the above questions, it may be advised by the Medical Director that you not receive IV fluids, and you may be denied services.

PLEASE INITIAL BELOW:

____ I understand that participating in the intravenous (IV) hydration and vitamin administration services provided by Vivify IV LLC carries risks.

____ I have answered all questions regarding my medical history and have informed the staff about any and all prescription medications and/or over the counter drugs I take, as well as any street or recreational drugs. I understand that failing to inform the staff about my medical issues and/or drug use can lead toserious complications.

____ I acknowledge that I am responsible for any medical care I may have that is directly or indirectly related to the services provided by Vivify IV LLC. If I seek medical treatment for any side effect or reaction, it will be at my own expense.

____ I acknowledge and agree that the sole risk of injury or harm resulting in any manner from my voluntary participation in Vivify IV LLC services rests entirely with me to the extent that I fail to disclose my health condition(s), medications, or drug use in advance of the services provided.

____ I expressly represent and warrant to Vivify IV LLC that I have never been diagnosed with or treated for any illnesses or conditions that may result in increased risk when participating in the services provided. I understand that Vivify IV LLC bears no responsibility for and will not screen for, diagnose, monitor, or provide any care for such conditions.

____ I acknowledge that Vivify IV LLC relies upon information provided by me in assessing my ability to participate in the services provided.

____ I acknowledge that I have been given the opportunity to discuss the nature and purpose of the treatment and the risks, complications, and consequences associated with the procedures. I am aware that it is impossible to foresee or predict all possible risks, complications, and consequences and I do not expect that the staff to anticipate or explain all associated risks. IV hydration risks include but are not limited to: Injury, bleeding, infection, inflammation/swelling, extravasation of fluids, damage to surrounding structures(temporary or permanent) due to placement of IV, misplacement of IV line in the body, air embolism, fluid overload, adverse interactions with medications, nerve injury, lightheadedness, fainting, bruising or scarring from IV insertion.

I waive any and all claims related to the services provided and agree to hold Vivify IV LLC harmless regarding any complications or consequences I experience during or following the services rendered below.

____ Liquify $99
Basic Normal Saline or Lactated Ringers

____ Immunify $159
Normal Saline/Lactated Ringer with a mix of Vit C and B vitamins to boost your immune system, fight infections and get you feeling better faster

____ Beautify $169
Turn back time with a mix of vitamins and supplements for skin health, energy boost and increase metabolism.

____ Detoxify $189
Recover from an unforgettable night with a cocktail of electrolytes and medications for upset stomach/nausea and pain/headache relief.

There is no guarantee that hydration therapy will temporarily or permanently cure or resolve your hangover, effects of altitude sickness, dehydration or viral illness. **Vivify IV LLC is not a medical provider. If you feel that you need medical attention or are concerned about a new or ongoing medical problem, please go to the nearest emergency department or call 911.**

_____
Print Name

_____ _____
Signature Date

ARBITRATION AGREEMENT

It is understood and agreed by Vivify IV LLC and _____, as a recipient of services, that any legal dispute, controversy, demand, or claim that arises out of or relates to the services provided to me by Vivify IV LLC or any other service provided by Vivify IV LLC to me shall first attempt to resolve the dispute personally and in good faith. If the personal resolution fails then the it shall be resolved exclusively by binding arbitration to be conducted at a place agreed upon by the parties, in accordance with the American Health Lawyers Association Alternative Dispute Resolution Services Rules of Procedure for Arbitration, which are hereby incorporated into this agreement.

It is understood that any dispute as to medical malpractice (whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompletely rendered) will be determined by submission to arbitration and not in a court of law or before a jury. Each party shall pay their own costs and fees of the arbitration and will split the cost of the arbitrator.

It is the intent of the parties that this agreement cover all existing or subsequent claims or controversies, whether in tort, contract, or otherwise, and shall bind all parties whose claims may arise out of or in any way relate to the treatment or services provided or not provided by any employee, physician, association, partner, or agent affiliated with Vivify IV LLC to a patient. This party includes causes of action that may be brought on behalf of me by a spouse, heir, child (born or unborn), guardian or parent.

My signature below confirms that:

I HAVE READ AND UNDERSTAND THE ABOVE ARBITRATION AGREEMENT.

I AM 18 YEARS OR OLDER, OF SOUND MIND AND I AUTHORIZE AND CONSENT TO THE USE OF HYDRATION THERAPY.

THE PROCEDURE SET FORTH ABOVE HAS BEEN ADEQUATELY EXPLAINED TO ME BY MY ATTENDING MEDICAL PROFESSIONAL.

I HAVE RECEIVED ALL THE INFORMATION THAT I DESIRE REGARDING HYDRATION THERAPY.

THE INFORMATION PROVIDED ABOUT MY MEDICAL CONDITION IS ACCURATE.

THIS DOCUMENT SERVICES AS AN INFORMED CONSENT FOR HYDRATION THERAPY.

NAME (PRINT): _____

SIGNATURE: _____

DATE: _____