Sun Valley Weight Management Clinic, LLC
604 West Warner Road, Suite C-2
Chandler, AZ 85225

WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

By signing below, you agree to have received a Notice of Privacy Practice from Sun Valley Weight Management Clinic, LLC. The notice explains manners in which Sun Valley Weight Management Clinic, LLC may or may not use your protected health information for treatment, payment, and health care operation purposes. "Protected Health Information" means any information, whether oral or recorded in any medium or form by the health care provider that relates to the past, present, or future mental health or physical condition of an individual.

Sun Valley Weight Management Clinic, LLC reserves the right to have absolute authority on any modification or annexation to our Notice from time to time. Any alterations will be made clear and posted at patient service locations through out Sun Valley Weight Management Clinic, LLC's offices. In addition, a date will be made clear when upcoming changes will come into effect and an up to date copy of any current Notice will be available upon request.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE RECEIVED NOTICE

Name of Patient: ____________________________________
Initials of Guardian, if patient is under 18 years of age: ______________
Date: ____

Acknowledgement of Medication Instructions

I, ______________________________ (Print), have voluntarily enrolled at Sun Valley Weight Management Clinic, LLC.By signing below I am acknowledging that I have received verbal and written instructions on how to take prescribed medications and samples.

I am aware and accept that I can receive my medications from Sun Valley Weight Management Clinic, LLC _________ (initial)

I am aware and accept the option of receiving my medications from a pharmacy of my choice.________ (initial)
If I become pregnant or come upon another medical condition such as hypertension, heart problems, allergy to the appetite suppressant and/or other use of drugs, you will be asked to cease taking medications until the condition has been resolved, you may resume the program from the beginning or from where you left off. It is also understood that you may stop Sun Valley Weight Loss program at any time if you so desire.

Also if you're having dental work/surgery you must stop all medication the day prior/one week prior to surgery date. I understand that there are no refunds, returns or store credits under any circumstances and that there is no guarantee on weight loss with our program.

I am aware and agree to pay a $25.00 fee if I cancel my appointment the same day/ do not show up for an appointment/ if my appointment is not cancelled within 24 hours.____________________Sign Name

I am aware that I must pick up any remaining medication/ supplements during the 2 months of my program. To ensure better patient care and adherence to the FDA & DEA procedures, I will not receive my medications after the 2 month time period. All dose completions and filling of prescriptions need to have a face-to-face patient-doctor-consult appointment. Dose completions greater than the 2 month time frame will result in $50.00 co-pay.
______________________________Signature

Patient signature____
Staff Initials____________________
Rev.5/08