

Patient Consent, Waiver, Authorization, and Telehealth Acknowledgment

Professional fill-in patient-facing document for PeptideRx platform users.

Instructions: Complete the fill-in table below, confirm bracketed business terms, and have licensed counsel review before use. This document is a professional template, not legal advice.

Patient Information

Field	Information to complete
Patient Full Legal Name	[Patient name]
Date of Birth	[MM/DD/YYYY]
Date Signed	[MM/DD/YYYY]
Patient Email / Phone	[email and phone]
Treating Provider / Clinic	[provider or clinic name]
Pharmacy, if known	[pharmacy name]
State Where Patient Located	[state at time of telehealth service]
Emergency Contact	[name and phone, optional]

1. Nature of PeptideRx Services

PeptideRx is a technology and coordination platform that helps connect patients with independent licensed clinicians, clinics, and pharmacies. PeptideRx does not practice medicine, provide medical advice, prescribe medications, dispense medications, or control the professional judgment of any licensed provider or pharmacy.

All diagnosis, treatment, prescribing, and medication decisions are made solely by the applicable licensed provider. Pharmacy services are provided by independent licensed pharmacies.

2. Telehealth Consent

I consent to receive consultations, communications, and care through telehealth methods, which may include video, phone, secure messaging, electronic intake forms, and related digital tools.

I understand that telehealth may have limitations, including technology failures, incomplete information, limits on physical examination, and the possibility that my provider may determine that an in-person evaluation, lab testing, or emergency care is necessary.

I may withdraw my consent to telehealth by notifying my provider, but withdrawal will not affect actions already taken in reliance on my consent.

3. Informed Consent for Peptide-Related Therapy

I understand that peptide-related therapies may involve compounded products, products used for purposes not specifically approved by the FDA, or products that my provider determines are appropriate based on my medical history and applicable law.

My provider is responsible for explaining the potential benefits, risks, side effects, alternatives, dosage instructions, storage instructions, contraindications, and follow-up requirements for any therapy offered or prescribed.

I understand that results are not guaranteed. I agree to disclose my complete medical history, current medications and supplements, allergies, pregnancy or fertility status if applicable, and any adverse reactions or changes in condition.

4. Assumption of Risk and Release

To the fullest extent permitted by law, I voluntarily assume the known and unknown risks associated with any therapy or product I choose to pursue after consultation with my licensed provider.

I understand that PeptideRx is not responsible for the independent medical judgment, acts, omissions, or services of independent providers, clinics, or pharmacies. This section does not waive any rights that cannot be waived under applicable law.

5. HIPAA Authorization and Privacy

I authorize PeptideRx, my provider, clinic, pharmacy, and their service providers to Use and Disclose my health information as reasonably necessary to coordinate services, process intake information, facilitate prescriptions and pharmacy fulfillment, support payment and account administration, and communicate with me about my care and account.

I understand that I may revoke this authorization in writing, except to the extent action has already been taken in reliance on it. I understand that health information may be handled under applicable privacy laws, including HIPAA where applicable, and applicable privacy notices.

6. Financial Acknowledgment

I understand that fees for consultations, products, pharmacy fulfillment, shipping, or related services will be disclosed before purchase or checkout. I understand that PeptideRx may receive a platform, coordination, or service fee in connection with services provided through the platform.

Refunds, cancellations, subscription terms, failed payments, chargebacks, and medication return restrictions, if any, are governed by the applicable checkout terms, provider or pharmacy policies, and PeptideRx Terms of Service.

7. Electronic Signature and Communications Consent

I consent to conduct business electronically and to receive agreements, notices, disclosures, records, and communications electronically.

I consent to be contacted by phone, email, text message, secure portal, or similar methods regarding my intake, account, appointment, prescription, order, payment, shipping, and related care coordination. Message and data rates may apply. I may opt out of marketing texts where required by law, but transactional or care-related communications may still be necessary to provide services.

8. Patient Acknowledgments

- I am at least 18 years old or signing through a legally authorized representative where permitted.
- I have read and understand this document and have had an opportunity to ask questions of my provider.
- I agree to the PeptideRx Terms of Service, Privacy Policy, and Medical Disclaimer, as applicable.
- I understand that in a medical emergency I should call 911 or seek immediate emergency care.

Signatures

PATIENT / AUTHORIZED REPRESENTATIVE
Signature: _____
Printed Name / Authority if applicable: _____
Date: _____