



## **Regener8 Health & Wellness**

### *Disclosures & Waivers*

Thank you for choosing Regener8 Health & Wellness, a medical-management network specializing in age-management medicine and bio-identical hormone therapy (BHRT). Our clients seek physician-monitored treatment plans to improve overall health and well-being. An important part of that care often involves BHRT delivered under strict guidelines and the close supervision of licensed healthcare professionals. Our network physicians' goal is to provide sound, ethical, and effective therapy for adult hormone deficiency.

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### **Requirements Before Therapy Begins**

- Acceptable, up-to-date blood work
  - Verification of an established primary-care physician (PCP) with whom you have had a physical exam within the past 12 months (a copy of that annual exam is required)
  - A scheduled telemedicine encounter with a Regener8 network physician
  - Completion of all Regener8 medical and administrative forms
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### Prior Treatments & Third-Party Protocols

Some clients come to Regener8 after receiving hormone-replacement therapy (HRT) from other providers whose protocols may differ from ours. In certain cases—especially where medications, dosages, or cycles were inappropriate—health may have been adversely affected.

Regener8 Health & Wellness, its Medical Directors, network physicians, physician extenders, employees, and contractors assume no responsibility or liability for any prior HRT, age-management program, or other therapy—whether or not such treatment is disclosed to us.

Our physicians provide customized therapies that follow strict medical guidelines. We do not use or condone performance-enhancement or cyclical hormone protocols.

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### Hold-Harmless Agreement

By signing below, I agree to hold harmless and indemnify Regener8 Health & Wellness, LLC—and all of its employees, physicians, agents, contractors, and associates—from any and all damages, claims, liabilities, or expenses (including attorneys' fees and costs at all levels of trial and appeal) arising from any past or future health issues related to prior therapies, medications, or protocols, whether such treatments were disclosed to Regener8 or not.

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### Acknowledgement

☐ Yes, I certify that I have read, understand, and agree to the statements, waivers, and disclosures in this document.

Patient Name (print)	_____
Patient Signature	_____
Date (MM/DD/YYYY)	__/__/__

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Regener8 Health & Wellness, LLC