



**DR LINDA COLEMAN & ASSOCIATES**

**SOTTOPELLE**

**Hormonal Male Testosterone**

**Acknowledgement Insertion Form**

Although this therapy has been approved for human use, there are few doctors who currently administer testosterone pellets in the United States. I realize that this is not the usual and customary means of prescribing testosterone. I realize that the advantage of testosterone for me may include: a) behavioral changes including decreasing depression, decreasing anxiety and irritability, increasing energy and motivation, stabilizing moods, allowing one to cope better, improving one's self-image and self-worth, and enhancing one's stamina; b) improvement in one's cognitive function so one is no longer operating "in a fog," improving short-term memory and allowing one to stay focused to complete a task; c) physical effects such as decreasing total body fat, increasing lean body mass, increasing muscle mass, and increasing bone mass; and d) sexual benefits such as increasing libido, increasing early morning erections, increasing firmness, and duration of erections.

I realize there are potential concerns with testosterone therapy and they include the possibility of enhancing a current prostate cancer to grow more rapidly. For this reason, a rectal exam and prostate specific antigen blood test is to be done before starting testosterone and will be conducted each year thereafter. If there is any question about possible prostate cancer, I consent to a follow-up with an ultrasound of the prostate gland.

The second concern we have with testosterone therapy is that it may increase one's hemoglobin and hematocrit, or thicken one's blood. This can be reversed through donating blood periodically. This problem can be diagnosed with a blood test. Thus a complete blood count should be done at least annually.

The final major concern we would have, especially in younger men, is the testosterone administration can suppress the development of sperm and the sperm count could dramatically reduce while a person is on the testosterone therapy. However, to date, this appears to be a reversible process and once the testosterone is discontinued, the sperm count is restored. This is extremely important in younger men taking testosterone therapy. In this early stage, we have encouraged them to produce samples and have them frozen, just in case there is any permanent long-term effect in their situation. We have encouraged any men who are concerned about their fertility in the future to have semen analysis prior to initiation of testosterone therapy. Currently, testosterone administration is not to be used as a form of male contraception.

My signature certifies I have read and agree to the above. I have been encouraged to ask any questions regarding testosterone pellets. My questions have been answered to my satisfaction.

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Patient Signature

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Date



## DR LINDA COLEMAN & ASSOCIATES

### SOTTOPELLE

#### NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you that may be used and disclosed and how you can get access to this information. Please read it carefully.

Dr. Linda Coleman & Associates is committed to high quality patient care. We are required by law to keep your health care information confidential. We are also required by law to provide you with this notice of our legal responsibilities. According to federal and state laws, we can use your private health information for the items listed below.

We may use and disclose personal and identifiable health information:

- **For Treatment:** We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures.
- **For Health Care Operations:** We may use and disclose information about you for the general operation of our business. We may leave appointment information on an answering system or voice mail that is connected to any telephone number you may give us.

Our staff members are trained to maintain your confidentiality during your visits to our practice: however, by federal and/or state laws, or other obligations, we may disclose your private information for certain reasons without your authorization. Some of those reasons may be: for public health risks, lawsuit proceedings, law enforcement requests, research, study purposes, outside business associate requests. You have the following rights regarding your personal health care information:

- You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it.
- You have the right to request that you receive communications containing your protected health information from us by alternative means. For example, you may ask that we only contact you at home or by mail.
- You have the right to inspect and copy any or all of your information, however your request may be required to be in writing, a fee may be charged and a minimum of 24 hours notice may be required. All requests are subject to verification.
- If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.
- You have the right to file a complaint with us to correct the existing information below, or with the US Department of Health and Human Services.
- You have the right to provide us with an amendment to your authorization at any time, if you have authorized us usage of your health information for reasons other than treatment, payment of health care operations.

We will continue to evaluate our efforts to protect your personal information and make every effort to keep your personal information accurate and up to date. We will also use our professional judgment and our experience with common practice to make a reasonable decision for your best interest in allowing a person to pick up records. If we modify this notice we will provide you with advance notice of the changes and allow you the opportunity to opt out of such disclosure. I hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

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