



DR LINDA COLEMAN & ASSOCIATES

SOTTOPELLE

Female Estradiol & Testosterone Hormone Acknowledgement Insertion Form

Although SottoPelle™ Therapy has been approved for human use, there are few doctors who currently administer estradiol & testosterone pellets in the United States. I realize that this therapy is not FDA approved and is not the usual and customary means of hormone replacement. I have been told I am to have SottoPelle™ testosterone inserted under my skin to achieve a steady delivery of natural testosterone hormone into my blood system. I realize that testosterone can increase my energy, my libido, and increase my sense of well-being. I have also been told that I am to have SottoPelle™ estrogen inserted under my skin to also achieve a steady state of estrogen in my body. I realize that estrogen can eliminate my mood swings, anxiety and irritability.

I realize in the past, some athletes have abused testosterone. When they took huge quantities of synthetic testosterone, they may have incurred heart problems and elevated cholesterol. However, low-dose, non-oral, natural testosterone that is used in SottoPelle™ Therapy has NOT been associated with these problems.

I understand there is a charge, depending on the number of SottoPelle™ Therapy pellets I am to receive. The precise amount is to be determined by Dr. Linda Coleman. As this procedure is often an expense not covered by insurance benefits, I understand payment is due in full at the time of service. If you wish to submit these costs to your insurance company on your own, we will be happy to assist you with the proper codes.

My signature certifies I have read the above and acknowledge that I have been encouraged to ask any questions regarding SottoPelle™ Therapy. My questions have been answered to my satisfaction.

Patient Signature

Date



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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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