

Consent to Treatment

Please read this document carefully. Your acceptance at enrollment confirms your agreement to its terms.

Full Legal Name	Date of Birth
Home Location	Date

1 Nature and Purpose of Treatment

I understand that Clay Health & Care, operating in affiliation with Palm Medical Group ("PMG"), provides concierge longevity medicine and health optimization services. These services include, but are not limited to:

- Comprehensive biological and biomarker testing, body composition analysis, and advanced diagnostics
- A personalized Longevity Plan developed in collaboration with my dedicated Care Hub team (Medical Provider, Health Coach, and Clay Guide)
- Ongoing concierge clinical care, virtual and in-person consultations, and continuous care plan management
- Hormonal optimization therapies, including testosterone replacement therapy (TRT) and other endocrine interventions
- Peptide protocols and other regenerative medicine strategies (addressed specifically in Section 5)
- Nutritional guidance, metabolic support, exercise and recovery programming, and lifestyle behavioral coaching
- Specialist referral coordination and priority network access

I acknowledge that Clay Health & Care is a membership-based model and is not a substitute for emergency care or primary care services in all situations. In the event of a medical emergency, I will contact 911 or proceed to the nearest emergency room.

2 Provider Roles and Scope of Care

I understand that my care team is composed of licensed professionals operating within their respective scope of practice:

- My Medical Provider holds a valid medical license in the state(s) where services are rendered and maintains independent clinical judgment in all diagnostic and prescriptive decisions.
- My Health Coach provides evidence-informed lifestyle, behavioral, and performance guidance. Coaching services are not the practice of medicine and do not constitute medical advice.
- My Clay Guide serves in a care navigation and advocacy capacity and does not provide clinical care.

I understand that clinical decisions — including the ordering of labs, prescribing of medications, and recommendation of therapeutic protocols — are made solely by my licensed Medical Provider. No non-physician team member has authority to prescribe medication or issue clinical orders.

3 Risks, Benefits, and Alternatives

I understand that all medical treatments carry potential risks and benefits. My Medical Provider has discussed, or will discuss, specific risks and benefits with me prior to initiating any treatment protocol. I acknowledge:

- No treatment outcome is guaranteed. Individual results vary based on biological, behavioral, and environmental factors.
- I have had the opportunity — or will have the opportunity — to ask questions before consenting to any specific intervention.
- Alternatives to proposed treatments exist and may be discussed with my Medical Provider at any time.
- I may withdraw consent for any specific treatment at any time without affecting the continuity of my membership or access to care.

For specific therapeutic interventions (e.g., hormone therapy, peptide protocols, compounded medications), I will be asked to sign a separate, procedure-specific informed consent prior to initiating treatment. This general Consent to Treat does not replace those specific consents.

4 Use of Artificial Intelligence in Care Delivery

NOTICE Clay Health & Care uses artificial intelligence (AI) tools to support — but not replace — clinical decision-making. Please read this section carefully.

Clay Health & Care may utilize AI-assisted software platforms, clinical decision support tools, and data analytics systems as part of my care. I understand and consent to the following:

4.1 AI as a Clinical Support Tool. AI and machine learning tools may be used to analyze biomarker trends, flag clinically significant lab values, generate care plan recommendations, summarize health data, and support population-level pattern recognition. All AI-generated outputs are reviewed and interpreted by my licensed Medical Provider before being applied to my care.

4.2 AI Does Not Make Clinical Decisions. No AI system at Clay Health & Care has independent authority to diagnose, prescribe, order laboratory testing, or alter my care plan. All clinical decisions are made by a licensed Medical Provider. AI is used to augment — never to substitute for — physician judgment.

4.3 Communication Tools. AI-assisted communication tools may be used to draft routine member communications, appointment reminders, care plan summaries, or educational content. Any communication involving clinical guidance will be reviewed and approved by a qualified care team member prior to delivery.

4.4 Data Use and Privacy. AI tools operating within Clay Health & Care's technology environment comply with applicable federal and state health privacy laws, including HIPAA. My protected health information (PHI) will not be transmitted to external AI systems without appropriate Business Associate Agreements (BAAs) in place. I may request information about the specific AI platforms used in my care at any time.

4.5 My Right to Opt Out. I understand that I may request to limit the use of AI tools in the delivery of my care communications or plan documentation. Opting out of AI-assisted communication will not affect my access to clinical services. I acknowledge that some data analytics tools are integrated at the platform level and may not be fully excludable from biomarker trend analysis.

4.6 Evolving Technology. I acknowledge that AI technology is rapidly evolving. Clay Health & Care will update its AI use policies as tools and regulatory guidance develop. Material changes to AI use practices will be communicated to me in writing.

AI Consent Acknowledgment: By accepting this consent, I confirm that I have read, understood, and consent to the use of AI-assisted tools as described above.

5 Consent to Treatment with Peptide Therapies

IMPORTANT Peptide therapies offered at Clay Health & Care include compounded and/or investigational preparations. This section contains specific disclosures required prior to initiating any peptide protocol.

5.1 What Are Peptides? Peptides are short chains of amino acids that act as biological signaling molecules. Therapeutic peptides may be used to support goals including but not limited to: growth hormone optimization, metabolic function, tissue repair, cognitive performance, immune regulation, and longevity. Examples of peptide categories used at Clay include growth hormone secretagogues (e.g., Ipamorelin, CJC-1295, Sermorelin), body composition and repair peptides (e.g., BPC-157, TB-500), and metabolic and cognitive support peptides.

5.2 Regulatory Status. Many therapeutic peptides used in longevity medicine are compounded by state-licensed, FDA-registered 503A or 503B compounding pharmacies. I understand that some peptides may not hold FDA approval as standalone pharmaceuticals, though the amino acid compounds themselves are not prohibited. I understand that the regulatory landscape for compounded peptides is subject to change, and my Medical Provider will inform me of any material regulatory developments affecting my protocol.

5.3 Compounded Medications. I understand that compounded preparations are customized to my clinical needs and may differ from commercially manufactured products. Compounded medications are not FDA-approved as final products, though they are prepared by licensed compounding pharmacies operating under applicable federal and state pharmacy laws. I acknowledge that Clay Health & Care sources peptide preparations exclusively from licensed compounding pharmacies that meet or exceed applicable quality and safety standards.

5.4 Specific Risks and Disclosures. I have been or will be informed of the specific risks, benefits, and alternatives associated with any prescribed peptide protocol. I acknowledge the following general disclosures:

- Peptide therapies may cause local injection site reactions, including redness, swelling, or discomfort.
- Systemic effects, while uncommon, may include water retention, fatigue, headache, or changes in insulin sensitivity, depending on the specific peptide.
- Long-term data on some peptide compounds is limited relative to traditional pharmaceutical agents.
- Peptide therapies are not recommended during pregnancy or breastfeeding without explicit physician guidance.
- Interactions with other medications or supplements should be disclosed to my Medical Provider.

I agree to adhere to prescribed dosing protocols and storage instructions, and to report any adverse reactions to my care team promptly.

5.5 Clinical Oversight. All peptide protocols will be prescribed by my licensed Medical Provider, grounded in my individual biomarker data, clinical history, and Longevity Plan. Peptide therapies are not self-directed. I will not obtain, use, or modify peptide protocols outside the direct supervision of my Clay Medical Provider.

5.6 Separate Informed Consent. Prior to initiating any specific peptide protocol, I will receive and execute a protocol-specific informed consent document that includes the peptide name, dosage, route of administration, intended therapeutic goal, and known risks specific to that compound. My acceptance below does not authorize any specific peptide protocol to begin; it confirms my understanding of the nature of peptide therapy within the Clay care model.

Peptide Therapy Consent Acknowledgment: By accepting this consent, I confirm that I have read, understood, and consent to the framework for peptide therapy as described in Section 5.

6 Telehealth Services

I understand that Clay Health & Care provides telehealth services, including virtual consultations, asynchronous messaging with my care team, and remote care plan review. I consent to receiving care via telehealth modalities and acknowledge:

- Telehealth services are provided in compliance with applicable federal and state telehealth laws, including interstate medical licensure requirements.
- The privacy and security of telehealth communications are protected in accordance with HIPAA, though no electronic communication platform carries absolute security guarantees.
- I understand the limitations of telehealth and that some clinical assessments may require in-person evaluation.
- I have the right to request in-person evaluation in lieu of telehealth at any time.

7 Release of Medical Records and Information

I authorize Clay Health & Care and Palm Medical Group to access, use, and disclose my protected health information (PHI) as necessary to provide coordinated care, including communication with specialists and referring providers identified in my care plan. Uses and disclosures beyond this scope will require my separate written authorization, as required by HIPAA.

I understand my rights under HIPAA, including my right to access my medical records, request amendments, and receive a Notice of Privacy Practices. A copy of the Clay Health & Care / Palm Medical Group Notice of Privacy Practices is available upon request and at our clinic locations.

8 Financial Responsibility

I understand that Clay Health & Care is a membership-based model and that membership fees are separate from fees for add-on services, including laboratory testing, pharmaceuticals, peptide protocols, and other clinical interventions. I accept financial responsibility for services rendered and have received or will receive a separate membership agreement and fee schedule detailing my financial obligations.

I understand that Clay Health & Care and Palm Medical Group are out-of-network with respect to traditional health insurance plans, and that services may not be covered by my insurance carrier. I acknowledge that I am responsible for any non-covered amounts.

9 Right to Withdraw Consent

I understand that I may withdraw consent for any treatment at any time. Withdrawal of consent for a specific therapy does not constitute withdrawal from the Clay membership. I may continue to receive all other available services. Any withdrawal of consent must be communicated directly to my Medical Provider or care team in writing.

10 Acknowledgment

By accepting this consent, I confirm that:

- I have read and understand the contents of this Consent to Treatment.
- I have had the opportunity to ask questions and have received satisfactory answers.
- I am accepting voluntarily, without coercion, and with full capacity to consent.
- If accepting on behalf of a minor or incapacitated adult, I represent that I hold legal authority to do so.

11 Legal Notices

This Consent to Treatment is governed by the laws of the state in which services are primarily rendered. Clay Health & Care and Palm Medical Group reserve the right to update this consent form as required by law or as clinical practices evolve. Members will be notified of material changes and a revised consent may be requested.

Nothing in this document constitutes a guarantee, warranty, or contract for a specific health outcome. This document does not alter, supersede, or modify the terms of any separately executed Membership Agreement between the member and Clay Health & Care.

Acknowledgment & Signature

Member / Patient Signature

Date

Printed Name

Relationship to Patient (if applicable)

When accepted online at enrollment, the member's electronic acceptance (recorded with a timestamp) constitutes their signature on this Consent to Treatment.