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Upneeq (Oxymetazoline Ophthalmic Solution 0.1%) Treatment Consent

Purpose of Treatment

This consent form provides information about **Upneeq**, a prescription eye drop used to temporarily improve **acquired blepharoptosis (droopy eyelids)** in adults. Upneeq works by stimulating certain receptors in the eyelid muscles, causing them to contract and lift the upper eyelid. The goal of treatment is to improve eyelid position, increase the visible area of the eyes, and enhance both appearance and visual function.

Description of Treatment

- **Upneeq** is a once-daily ophthalmic solution (eye drop) applied to the affected eye(s).
- Each single-use vial contains enough solution for one dose in each eye.
- The medication typically begins to work **within 5–15 minutes**, with effects lasting up to **8 hours**.
- Upneeq provides **temporary** improvement in eyelid elevation and must be used as directed to maintain results.

Your provider will demonstrate proper drop technique and provide instructions for safe use and storage.

Potential Benefits

- Lifting of the upper eyelid(s) for a more open and alert appearance
- Improved field of vision in individuals with drooping eyelids that partially block sight
- Non-surgical, quick-acting alternative to eyelid surgery (blepharoplasty)

Possible Risks and Side Effects

Upneeq is generally well tolerated, but may cause mild and temporary side effects, such as:

- Eye redness or irritation
- Dryness or watering of the eyes
- Mild headache
- Temporary blurred vision
- Sensation of something in the eye

Less common or serious side effects may include:

- Eye pain or swelling
- Sudden change in vision
- Severe redness or allergic reaction

If these occur, discontinue use and contact your provider immediately.

Precautions and Contraindications

Please inform your healthcare provider if you:

- Have **heart disease**, **high or low blood pressure**, or **irregular heartbeat**
- Have **narrow-angle glaucoma** or other serious eye conditions
- Are using **monoamine oxidase inhibitors (MAOIs)** or medications that affect blood pressure
- Have had **eye surgery** or other eye conditions
- Are **pregnant, breastfeeding**, or planning pregnancy

Avoid touching the tip of the vial to your eye or any surface to prevent contamination. Do not reuse single-dose vials.

Treatment Expectations

- Use **one drop in each affected eye once daily**, as prescribed.
- Do **not exceed one dose per day**.
- Wait at least **15 minutes before inserting contact lenses** or applying other eye drops.
- Store at room temperature and discard the vial after each use.
- Effects are temporary; consistent daily use is required for ongoing results.
- Notify your provider if you experience any discomfort, eye changes, or systemic symptoms.

Alternative Options

Alternatives to Upneeq may include:

- Observation and acceptance of natural eyelid position
- Cosmetic or surgical eyelid lift (blepharoplasty)
- Other treatments depending on the underlying cause of eyelid drooping

Your provider will discuss the most appropriate treatment for your individual needs.

Upneeq (Oxymetazoline Ophthalmic Solution) Contraindications

Upneeq is a prescription eye drop approved to treat acquired blepharoptosis (low-lying eyelids) in adults. While generally well tolerated, it is not appropriate for everyone. Patients should review the following contraindications and precautions before use.

Contraindications

You should **not use Upneeq** if:

- You are allergic to **oxymetazoline** or any of the ingredients in the formulation.
- You have a history of **hypersensitivity reactions** to adrenergic agonists.

Use With Caution

Tell your healthcare provider before starting Upneeq if you have:

- **Cardiovascular conditions** such as uncontrolled hypertension, coronary artery disease, or arrhythmias.
- **Cerebrovascular disease** or history of stroke.
- **Narrow-angle glaucoma** or risk factors for angle-closure glaucoma.
- Severe or unstable **vascular insufficiency** (including cerebral or coronary).
- Are pregnant or breastfeeding (safety has not been fully established).

Potential Risks

- May cause **eye irritation, redness, or dryness**.
- Can increase **blood pressure** in some patients.
- May cause **headache or dizziness**.
- Rare risk of **narrow-angle glaucoma attack** in predisposed individuals.

I understand the contraindications listed above and do not have any of the listed conditions.

Telehealth Consent

Restored Wellness Telehealth Consent Form

This Telehealth Consent Form constitutes a legally binding agreement between you (the "Patient") and Restored Wellness (the "Clinic"). By signing this agreement and proceeding with the telehealth services, you acknowledge that you have thoroughly read, understood, and agree to be bound by the terms and conditions outlined in this consent form. You voluntarily elect to participate in the prescribed treatment plan.

1. Nature of Telehealth Consultation

Telehealth is the delivery of healthcare services using electronic communications, including video calls, audio calls, and other telecommunications technologies. These services may include consultations, follow-up appointments, health monitoring, and educational services.

During telehealth consultations with providers from Restored Wellness, discussions concerning your medical history, diagnostic examinations, tests, and treatment recommendations will take place via interactive technologies.

You understand that telehealth consultations are subject to the same standards of care as in-person consultations. However, by signing this document, you acknowledge that telehealth has its limitations, including the inability to conduct certain physical exams that may be possible in a traditional in-person setting.

2. Benefits of Telehealth

The potential benefits of engaging in telehealth services with Restored Wellness include, but are not

limited to:

- Increased access to medical care, especially for patients located in remote or underserved areas.
- Convenient and timely access to healthcare services, enabling quicker evaluations and management of medical conditions.
- Access to specialized care from providers who may not be available locally.

3. Potential Risks of Telehealth

Telehealth services, while beneficial, also involve risks, which include, but are not limited to:

- Incomplete or inadequate transmission of data, which may affect medical decision-making.
- Technical failures, such as poor connectivity or interruptions, potentially leading to delays in care or a need for rescheduled appointments. Security risks, where despite our best efforts, there may be unauthorized access to your personal health information.
- Limited access to complete medical records, which may increase the risk of medication interactions or errors in clinical judgment.

By consenting to telehealth, you understand and accept these risks.

4. Confidentiality and Security

Restored Wellness is fully committed to maintaining the confidentiality of your medical information in accordance with federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). All telehealth communications between you and our providers are secured and protected to the same degree as in-person consultations. Despite our best efforts to ensure privacy, telehealth communications involve inherent risks related to unauthorized access, hacking, or technological failures.

By engaging in telehealth, you acknowledge these risks and consent to the use of electronic communications to share your health information with Restored Wellness providers.

5. Patient Rights

As a patient receiving telehealth services from Restored Wellness, you have the following rights:

- The right to withhold or withdraw consent for telehealth services at any time, without affecting your future care or treatment.
- The right to access and inspect your medical information, including all records generated during telehealth interactions. You may request copies of these records, subject to a reasonable fee.
- The right to seek alternative methods of care, including in-person medical services, where appropriate and available.

6. Patient Responsibilities

By consenting to telehealth services, you acknowledge and agree to the following patient responsibilities:

- Providing accurate and complete medical history and other health-related information to the best of your knowledge.
- Ensuring the proper setup and maintenance of telecommunication equipment necessary to access the telehealth services, including securing a private environment during your telehealth sessions.
- Maintaining your own privacy and confidentiality during the telehealth consultation, including ensuring that your telehealth sessions are conducted in a private setting where unauthorized individuals do not have access.

Additional State-Specific Disclosures

The following disclosures apply to users accessing the Restored Wellness Platform for the purposes of

participating in a telehealth visit as required by the states listed below:

Iowa

I have been informed that if I want to register a formal complaint about a provider, I should visit the medical board's website, here: https://medicalboard.iowa.gov/consumers/filing-complaint.

Maine

I have been informed that if I want to register a formal complaint about a provider, I should visit the medical board's website, here: https://www.maine.gov/md/complaint/file-complaint.

New York

I have been informed that to get information regarding your rights and how to report professional misconduct, I should visit here: https://www.health.ny.gov/professionals/doctors/conduct.

Oregon

I have been informed that if I want to register a formal complaint about a provider, I should visit the medical board's website, here: https://www.oregon.gov/omb/investigations/pages/how-to-file-a-complaint.aspx.

Rhode Island

I have been informed that if I want to register a formal complaint about a provider, I should visit the medical board's website, here: https://health.ri.gov/complaints/.

Texas

I have been informed of the following notice:

NOTICE CONCERNING COMPLAINTS- Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address: Texas Medical Board, Attention: Investigations, 333 Guadalupe, Tower 3, Suite 610, P.O. Box 2018, MC-263, Austin, Texas 78768-2018, Assistance in filing a complaint is available by calling the following telephone number: 1-800-201- 9353, For more information, please visit our website at www.tmb.state.tx.us.

AVISO SOBRE LAS QUEJAS- Las quejas sobre médicos, asi como sobre otros profesionales acreditados e inscritos del Consejo Médico de Tejas, incluyendo asistentes de médicos, practicantes de acupuntura y asistentes de cirugia, se pueden presentar en la siguiente dirección para ser investigadas: Texas Medical Board, Attention: Investigations, 333 Guadalupe, Tower 3, Suite 610, P.O. Box 2018, MC-263, Austin, Texas 78768-2018, Si necesita ayuda para presentar una queja, llame al: 1- 800-201-9353, Para obtener más información, visite nuestro sitio web en www.tmb.state.tx.us

Vermont

I have been informed that if I want to register a formal complaint about a provider, I should visit the medical board's website, here: http://www.healthvermont.gov/health-professionals-systems/board-medical-practice/file-complaint; or Board of Osteopathic Examiners can be found at: https://sos.vermont.gov/opr/co...

Wyoming

I have been informed that if I want to register a formal complaint about a provider, I should visit the medical board's website, here: http://wyomedboard.wyo.gov/consumers/file-a-complaint.

If you need follow up care, please message or call us at 305 394-9790, Mon-Fri 9am to 6pm EST, and Sat 9am to 1pm EST.

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Financial Agreement for Telemedicine Services and Upneeq

This agreement outlines the financial terms and conditions for telemedicine services provided by **Restored Wellness**

1. Payment Terms

- All telemedicine services are provided on a **out of pocket** basis.
- Payment is required in full at the time a Prescription has been ordered.

2. Fees and Charges

- You will be billed for the Prescription through Elevate, which is RVL Pharmacy, LLC, the distributor and manufacturer of Upneeq. After the medication has been ordered you will receive a link via text messaging and email to submit payment. Once payment has been submitted to RVL Pharmacy, LLC, they will ship the medication directly to you.

3. Patient Responsibility

- The patient agrees to adhere to the Provider's financial policies and understands that failure to make payment will result in the prescription not being filled and shipped.

4. No Insurance Billing

- The patient acknowledges that Provider does not participate in any insurance plans and will not submit claims on the patient's behalf. Upneeq treatment is not covered under medical insurance.

5. Refunds

- **UNLESS OTHERWISE INDICATED, ALL SALES ARE FINAL AND NON-REFUNDABLE.** All prices displayed on the Site are quoted in U.S. Dollars, are payable in U.S. Dollars and are valid and effective only in the United States. Failure to use the Medical Services, and/or Prescription Medications, as applicable, does not constitute a basis for refusing to pay any of the associated charges. Subject to the conditions set forth herein, you agree to be bound by the Billing Provisions of Restored Wellness in effect at any given time. Upon reasonable prior notice to you (with Site-updates and/or e-mail sufficing), Restored Wellness reserves the right to change its Billing Provisions whenever necessary, in its sole discretion. Continued use of the Site and/or purchase of Products and Services, Medical Services, and/or Prescription Medications after receipt of such notice shall constitute consent to any and all such changes; provided, however, that any amendment or modification to the Billing Provisions shall not apply to any charges incurred prior to the applicable amendment or modification.

6. Acknowledgment of Financial Responsibility

- By signing this agreement, the patient acknowledges that they are responsible for payment in full at the time a prescription is ordered and agrees to the terms and conditions set forth in this document.

HIPAA Notice

Your right to privacy in this medical practice is paramount and we will never disclose any of your personal information without your express consent, unless required to do so by law.

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. Please read it carefully.

The Physician/Non-Physician Providers/Nurse Practitioners collectively known as "HEALTH CARE PROVIDERS" will acquire private information about their patients. This is confidential and will not be discussed outside the office, except that the HEALTH CARE PROVIDERS may discuss patients with other healthcare professionals in terms that do not allow identification of the individual.

Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment.

Your health care records, as well as your billing records, may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for payment of services provided to you.

Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you. If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts, or contact by alternative means.

Additionally, we may be required to disclose your health information in the following circumstances: In the event of an emergency; if required by law; if there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care; if ordered by the courts, government authorities, public health, law enforcement, coroners, or funeral directors; in the event of organ donations, research, military activity, or for national security.

Patients have the right to receive an accounting of any such disclosures made by our office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

Our office shall maintain a patient's record a minimum of seven (7) years following the last patient encounter with the following exceptions:

* Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child; or

* Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

* Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

Websters Health and Wellness LLC, DBA Restored Wellness Duties: We at Websters Health and Wellness LLC, DBA Restored Wellness acknowledge and adhere to our legal obligations to protect the privacy of your Protected Health Information (PHI) as mandated by the Health Insurance Portability and Accountability Act (HIPAA) and other relevant federal and state laws. This duty extends to ensuring the confidentiality, integrity, and security of your PHI.

Required by Law: We are legally required to maintain the privacy of your PHI, provide you with this notice of our legal duties and privacy practices concerning your PHI, and abide by the terms of the privacy notice currently in effect.

Use and Disclosure of PHI: Any use or disclosure of PHI will be in accordance with our established policies, HIPAA regulations, and applicable federal and state laws. This includes, but is not limited to, using your PHI for treatment, billing, healthcare operations, and other purposes as permitted or required by law.

Changes to Privacy Practices: Websters Health and Wellness LLC, DBA Restored Wellness reserves the right to change the terms of its privacy policies and to make the new provisions effective for all PHI that it maintains. Should there be a significant change to our privacy practices, it will be communicated to you in a timely manner through an updated privacy policy. Acknowledgment and Queries: By availing of our services, you acknowledge your understanding of our legal duties to protect your PHI. Should you have any queries or require further clarification about our privacy practices or your rights, please do not hesitate to contact us at the details provided below.

By agreeing, you acknowledge your rights as an individual concerning the information collected and maintained by our organization under the Health Insurance Portability and Accountability Act (HIPAA). You have the right to access, inspect, and obtain a copy of your protected health information (PHI) held by the covered entity. Additionally, you have the right to request corrections or amendments to any inaccurate or incomplete PHI. If you have any concerns or complaints regarding the handling of your PHI, you have the right to lodge a complaint with the covered entity. We are committed to protecting your privacy and ensuring compliance with HIPAA regulations.

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By agreeing, you acknowledge and understand the Websters Health and Wellness LLC, DBA Restored Wellness HIPAA Policy.

SMS Messaging Opt In- Optional

I agree to receive text messages from Restored Wellness staff related to my virtual visit, appointments, treatment, delivery of medications, or pricing/service inquiries. Message frequency varies. Message & data rates may apply. You can opt-in of receiving further commercial text messages via the Messaging Service by responding to any of our text messages with any of the following replies: START, SUBSCRIBE. You can opt-out of receiving further commercial text messages via the Messaging Service by responding to any of our text messages with any of the following replies: STOP, END, CANCEL, UNSUBSCRIBE, or QUIT. You can request help at any time via the Messaging Service by responding to any of our text messages with the following replies: HELP.

Accuracy of Information

I certify that the medical information provided in my intake forms is correct and accurate to the best of my knowledge.

Consent and Acknowledgment

By proceeding with treatment using **Upneeq (Oxymetazoline Ophthalmic Solution 0.1%)**, I confirm that I have read and understand the information above. I understand the purpose, benefits, possible risks, and alternatives of treatment. I agree to follow the usage instructions and notify my provider of any concerning symptoms or side effects.

Patient Signature	Date