**Florida Weight Loss Consumer Bill of Rights**

Florida Statute 501.0575 outlines the rights of consumers seeking professional weight-loss services. Please read these rights below:

A. Warning: Rapid weight loss may cause serious health problems. Rapid weight loss is weight loss of more than 1 ½ to 2 pounds per week or weight loss of more than 1% of body weight per week after the second week of participation in a weight loss program.

B. Consult your personal physician before starting any weight-loss program.

C. Only permanent lifestyle changes, such as making healthful food choices and increasing physical activity, promote long-term weight loss.

D. Qualifications of this provider are available upon request.

**You have the right to:**

1. Ask questions about the potential health risks of this program and its nutritional content, psychological support and educational components.

2. Receive an itemized statement of the actual or estimated price of the weight loss program, including extra products, services, supplements, examinations, and laboratory tests.

3. Know the actual or estimated duration of the program.

4. Know the name, address, and qualifications of the physical, dietician or nutritionist who has reviewed and approved the weight-loss program according to Section 468.505(1)(i)of the Florida Statute.

**Patient Informed Consent to Use Appetite Suppressants:**  Please carefully read the following statements. On the next page, please sign indicating your understanding and agreement.

**I. Procedures and Alternatives:**

A. I understand there is a lack of scientific data regarding the potential danger of long term use of combination weight management programs that include GLP-1 medications and I have read and understand each of the following statements.

B. I understand that I am responsible to follow my physician’s instructions carefully and to report any medical problems immediately, regardless of whether I think that they may be related to my weight management program. I further affirm that I am not now pregnant and will report any pregnancy to my physician immediately.

C. I understand that there are other ways and programs that can assist me in decreasing my body weight and maintaining any weight loss. A balanced diet combined with physical exercise could prove successful without use of a GLP-1 medication if I followed it.

**II. Risks of Proposed Treatment:**I understand that the use of any medication poses various risks and that the use of GLP-1 medications have been associated with gastrointestinal symptoms, mainly nausea, vomiting and diarrhea. Other common side effects include injection site reactions, headache, and nasopharyngitis. Low blood sugar levels (hypoglycemia) may be a risk if I’m taking another drug known to lower blood sugar at the same time, such as sulfonylureas or insulin. I understand that GLP-1 medications are not recommended if I have a personal or family history of medullary thyroid cancer or multiple endocrine neoplasia or if I’ve had pancreatitis.

**III. Risks Associated With Having Overweight or Obesity:** I understand that having overweight or obesity poses certain risks, among them being tendencies to high blood pressure, diabetes, heart attack and heart disease, arthritis at the joints, hips, knees and feet, and certain cancers. I understand that these risks may be modest if I am not very overweight, but that these risks increase significantly with any weight gain.

**IV. No Guarantees:** I understand that much of the success of this program will depend on my efforts and compliance with the program. Notwithstanding my efforts, I understand that there are no guarantees or assurances that this program will be successful. I also understand that I will have to continue managing my weight all my life if I am to be successful.

Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Title XXXIII REGULATION OF TRADE, COMMERCE, INVESTMENTS, AND SOLICITATIONS**

**Chapter 501  CONSUMER PROTECTION**

501.0575 Weight-Loss Consumer Bill of Rights.—

**(1) The Weight-Loss Consumer Bill of Rights shall consist of the following provisions:**

(A) WARNING: RAPID WEIGHT LOSS MAY CAUSE SERIOUS HEALTH PROBLEMS. RAPID WEIGHT LOSS IS WEIGHT LOSS OF MORE THAN 11/2 POUNDS TO 2 POUNDS PER WEEK OR WEIGHT LOSS OF MORE THAN 1 PERCENT OF BODY WEIGHT PER WEEK AFTER THE SECOND WEEK OF PARTICIPATION IN A WEIGHT-LOSS PROGRAM.

(B) CONSULT YOUR PERSONAL PHYSICIAN BEFORE STARTING ANY WEIGHT-LOSS PROGRAM.

(C) ONLY PERMANENT LIFESTYLE CHANGES, SUCH AS MAKING HEALTHFUL FOOD CHOICES AND INCREASING PHYSICAL ACTIVITY, PROMOTE LONG-TERM WEIGHT LOSS.

(D) QUALIFICATIONS OF THIS PROVIDER ARE AVAILABLE UPON REQUEST.

(E) YOU HAVE A RIGHT TO:

1. ASK QUESTIONS ABOUT THE POTENTIAL HEALTH RISKS OF THIS PROGRAM AND ITS NUTRITIONAL CONTENT, PSYCHOLOGICAL SUPPORT, AND EDUCATIONAL COMPONENTS.

2. RECEIVE AN ITEMIZED STATEMENT OF THE ACTUAL OR ESTIMATED PRICE OF THE WEIGHT-LOSS PROGRAM, INCLUDING EXTRA PRODUCTS, SERVICES, SUPPLEMENTS, EXAMINATIONS, AND LABORATORY TESTS.

3. KNOW THE ACTUAL OR ESTIMATED DURATION OF THE PROGRAM.

4. KNOW THE NAME, ADDRESS, AND QUALIFICATIONS OF THE DIETITIAN OR NUTRITIONIST WHO HAS REVIEWED AND APPROVED THE WEIGHT-LOSS PROGRAM ACCORDING TO s. 468.505(1)(j), FLORIDA STATUTES.

(2) The copies of the Weight-Loss Consumer Bill of Rights to be posted according to s. 501.0573(6) shall be printed in at least 24-point boldfaced type on one side of a sign. The palmsized copies to be distributed according to s. 501.0573(5) shall be in boldfaced type and legible. Each weight-loss provider shall be responsible for producing and printing appropriate copies of the Weight-Loss Consumer Bill of Rights.