



### **Bariatric Program Agreement**

- I will follow the steps in the bariatric program as outlined in my initial consultation
- I will complete the required clinical evaluations in a timely manner. These evaluations include: pulmonary, sleep studies, psychiatric, pre-admission testing and other necessary testing
- I will be financially responsible for any fees not covered by my insurance
- Post-operatively, I will strictly adhere to the diet that is outlined in the bariatric program
- I will meet with a Registered Dietician as outlined in the bariatric program
- I will attend the educational and support group meetings as scheduled for at least one year following surgery
- My data will be collected in compliance with HIPPA regulations and may be used for research and maintenance of Center of Excellence Criteria
- I understand and agree that my success with weight loss is highly dependent on my active participation in those measure recommended by the bariatric program

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

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_