**Telehealth Informed Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(client), hereby consent to engage in telehealth with Northwoods Health & Wellness Coaching, LLC. I understand that “telehealth” includes the practice of health and wellness coaching consultation and education using interactive audio, video, or data communications.

I understand that I have the following rights with respect to telehealth:

1) I have the right to withhold or withdraw consent at any time.

2) The laws that protect the confidentiality of my health information also apply to telehealth. As such, I understand that the information disclosed by me during my coaching sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; expressed threats of violence toward myself; illegal activity; requirements by statute, lawfully issued subpoena, or by court order to disclose. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

3) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my clinician, that: the transmission of my health information could be disrupted or distorted by technical failures; the transmission of my health information could be interrupted by unauthorized persons; and/or the electronic storage of my health information could be accessed by unauthorized persons. In addition, I understand that telehealth-based services and care may not be as complete as face-to-face services.

4) I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

5) I understand that if I am in need of emergency services, I should call **911**.

6) I have read and understand the information provided above. I have discussed it with my provider, and all of my questions have been answered to my satisfaction.

**Waiver**

I am aware that telehealth services are being offered through Northwoods Health & Wellness Coaching.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client), waive all responsibility if I choose to use the telehealth services of Northwoods Health & Wellness Coaching, LLC that are available to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact person/relationship to client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact phone number