

# Tele-Health Client Agreement



**Nature of the relationship:** Entering into this relationship as a new client, you are aware that the wellness coaching relationship established between you and Dr. John Bohlmann, N.D. and Advantage Integrative Health, L.L.C. to conduct tele-health is in no way establishing a doctor/patient relationship. This means that no diagnosis of any kind will be made and no medical treatments will be given. You agree that your health information will be used only to create an appropriate wellness program aimed to promote your well-being and not to treat any condition or disease you may have previously been diagnosed with by another doctor and including any diagnosis you may receive for the duration of this agreement.

**Results are not guaranteed:** You enter into this tele-health program agreement with the understanding that you are responsible for creating your own results. As the Wellness Coach, my responsibility is to use my knowledge and expertise to create and monitor your personal wellness program which is meant to guide you in your efforts to achieve the health-related goals and you seek. Measurement of your success will be based primarily on your subjective information. If you choose to have follow-up labs drawn at the end of your program, a comparison can be made to the initial lab studies done at the beginning of your program.

**Confidentiality:** I recognize that in the course of our work together, you may share with me a variety of information possibly including: future plans, health information, financial information, work or job information, goals, personal information, and other proprietary information. I will not at any time, either directly or indirectly, use any information for my own personal benefit. Further, I will not disclose or communicate in any manner any information to any third party. I will not divulge that you and I are in a coaching relationship without your permission. I will hold confidential everything that we say and do within our coaching relationship unless you present a danger to yourself or others. In that case, I will inform legal authorities so that protective measures can be taken. In addition, our confidentiality agreement can be broken should a legal process require that I appear in court. In such cases, I cannot claim to be unable to divulge the contents of our conversations.

**Client waiver:** Simply stated, you understand that I am an integrative wellness coach offering motivational and educational services. I cannot be held liable for any advice, suggestions, recommendations, or guidance that I provide during our work together.

You, the Client, has read the above and agrees to follow the parameters of the Advantage Integrative Health, L.L.C. tele-health wellness coaching practice that has been outlined in this agreement.

_____	_____	____/____/____
Client Name	Client Signature	Date
_____	_____	____/____/____
Wellness Coach Name	Wellness Coach Signature	Date