

# VIRTUE MEDICINE P.C.

Clinics for Mind-Body Health



Studio for Ethics & Contemplative Arts

## Professional Coaching Patient Agreement *(Please initial each information block)*

### **Privacy and Confidentiality:**

\_\_\_ I have had an opportunity to review the privacy and confidentiality policies used by practitioners at Virtue Medicine, available at both the office site and at the business website.

\_\_\_ I understand that my health and coaching information will be held in strictest confidence and will not be released without my written permission with the following exceptions: 1) a life-threatening medical emergency or public safety risk, and then only to persons to help reduce or prevent the threat, 2) when required to do so by law or by legal proceedings. If protected health information is released under these exceptions, I will be notified by the practice as soon as possible.

\_\_\_ Although the coaching records are the physical property of Virtue Medicine P.C., the information belongs to me. If I would like a copy of the records for my own use, the office will happily provide the copy at a small charge to me.

### **Coaching Relationship:**

\_\_\_ At Virtue Medicine, the professional coaching relationship is a specific type of health care which is focused on professional growth and development in the present and future. The coaching relationship provides a safe and confidential setting to identify the clients' specific goals and needs in their personal and professional lives, deficits in fund of knowledge, skills or work-life balance, lack of clarity about opportunity-costs and values, and integration of their own creative strategies towards resilience, effectiveness, and visible growth. The need and inclusion of more intensive medical or psychological assessment and care is considered on a case-by-case basis by our team, with the client. In those circumstances, our office privacy and patient agreement policies remain in full effect for any health care services.

### **\_\_\_ Virtue Medicine Professional Coaching—Client Rights:**

- *Receive respectful and competent treatment within the provider's scope of coaching practice.*
- *Have a safe treatment setting, free from sexual, physical, and emotional abuse.*
- *Report any immoral and illegal behavior by the provider.*
- *Ask for and get information about my provider's qualifications, including licensing, education, training, experience, professional membership, special areas of practice, and limits on practice.*
- *Have written information about fees, method of payment, insurance coverage, course of coaching that the provider believes will be needed, team-based services and cross-covering providers (in cases of vacation and emergencies), and cancellation policies.*

\_\_\_ I agree that coaching care with Virtue Medicine is voluntary and can be discontinued at any time. Virtue Medicine also has the right to discontinue services immediately and will provide written notification, if the providers judge that a coaching relationship cannot be appropriately maintained or if the clinical and reception spaces are being disrupted by my conduct, in which case, any enrollment fees will not be refunded.

\_\_\_ I understand that if my enrollment in the coaching program has lapsed by more than 3 months, requests for follow-up will be scheduled only as Virtue Medicine is able to accommodate re-enrollment in the coaching program.

\_\_\_ As a form of health care, the coaching relationship at Virtue Medicine is different from other kinds of relationships. I understand that this limits other kinds of relationships my provider may have with me or with my family now or in the future, in accordance with professional standards.

**Appointments and Cancellations:**

\_\_\_ *Appointments are a valuable resource.* Cancellation must occur through phone notification to the Virtue Medicine reception desk (338-5190) at least 24 hours in advance. If I miss an appointment without the 24 hour cancellation, I understand that I will be billed for the full amount of the scheduled visit by mail or at the next office visit and that this charge is not reimbursable.

**Payment:**

\_\_\_ I understand that this office is a fee-for-service practice and payments for service are due in full at the time of the appointment. If phone/email consultations or paperwork are requested, time spent in service will be billed to me by mail or at a subsequent office visit in accordance with the provider's fee schedule.

**Telephone/Email Contacts and Emergencies:**

\_\_\_ I understand that my private email is not a secure form of communication and that email is not necessary to my coaching plan at Virtue Medicine. If I initiate an email, I understand that I am authorizing my providers to use this mode of communication and that it may include health care information. I accept the liabilities entailed with email, if used. If I do not wish to accept the liabilities of email, I will not use that mode of communication with my providers.

\_\_\_ I understand that if I leave a message by phone/email for a specific provider, I may expect a return message within 48 hours of the provider's clinic hours, which are posted. Messages left for Virtue Medicine Reception will be returned within one business day, Monday through Friday.

\_\_\_ I understand that Virtue Medicine Professional Coaching is a consulting practice and 24-hour access to Virtue Medicine providers is not available. I understand that I am responsible for having a primary care physician who is aware of my general and comprehensive health care and can be contacted with medical emergencies. I understand that urgent assistance for safety issues can be found at: 911, or the Johnson County Crisis Line at 319-351-0140 or online at <http://jccrisiscenter.org/>.

\_\_\_ I agree that with an emergency, I will call 911 or seek attention at my nearest emergency room.

**My signature below demonstrates that I have read, understand and agree to abide by the terms of this agreement for the duration of my care with my coaching team at Virtue Medicine.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

