

**Rev. Jacqueline Bowman, PhD., MMsc., Shihan**  
**Intake**  
**TELEHEALTH**

For virtual, telehealth, and telephone appointments.

If you choose to communicate with this Practitioner using telehealth, you should be aware and acknowledge that:

The acknowledged form, ***Disclaimer, Transpersonal Counseling. Darkfield Microscopy (Live Blood Analysis) & Biofield (ft Reiki & TBM) Therapy Including Telehealth for Remote/Distance Sessions***, has been received and held on file in the possession of Rev J Bowman, PhD MMsc Shihan (henceforth known as *Practitioner*). This in order to continue with all telehealth (video and or telephone) sessions. Special attention including ***Remote/Distance Online video/Telephone Sessions***.

Practitioner may agree to communicate with you using telehealth but is not required to do so. If you choose to use telehealth, signing this consent form provides Practitioner with your permission, to communicate with you via telehealth means and is required before Practitioner will initiate a telehealth Biofield appointment for the first time.

This appointment will be delivered as a remote/distance session and communicated via video or telephone, not in-person.

I will need an ethernet connection or a strong wifi connection, and it is recommended to close all other windows during my appointment.

I will be asked to verify my identity and provide informed consent at the start of the appointment.

Billing will be done electronically, and I will receive invoices and receipts via e-mail. \*See TELEHEALTH Payment requirements in **Business Policies (Separate required document)**.

Some insurance companies provide different coverage for in-person and telehealth appointments. It is up to me to check eligibility for my insurance plan, since the clinic cannot access information on my plan.

It may not be secure. The clinic cannot guarantee the security of any information given over the telehealth platform (Jane App / Zoom) however we have been careful to select a platform that is HIPAA, PHIPA/PIPEDA compliant with respect to security requirements.

There may be technical difficulties such as low/no WIFI connection, delay in sound or video, and potentially minor delays relating to the above.

**If you are experiencing an urgent or emergency situation** outside the time of a scheduled telehealth session you should use crisis resources including your areas first responders (911 & Local numbers) or the crisis options as per your health care provider.

I understand and agree communication, assessment, and practices shall be recorded and held on file as an In-Person session would.

I understand that I may stop using telehealth at any time, at which point I will notify the Practitioner in writing of my decision to stop. I understand that this consent remains effective unless and until it is withdrawn.

I understand that the Practitioner may stop using telehealth for communication purposes at any time, at which point she/he will inform me in writing or notify me about this decision at the time of my next appointment.

**This is a double sided document. Please be sure to include all pages for submission.**

Continue to Page2.

# Intake

Name (Last, First) \_\_\_\_\_

Mail Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone #    s    \_\_\_\_\_

**\* In case of lost or dropped (any disconnection) telehealth feed, be sure to include alternate communication information here.**

**What is the reason for your visit today? Include the changes you would like to experience.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feel free to email in confidence (jacqueline@alignedhealth.ca), any further information. This will be held on file also.

Your safety is our primary concern and as a Telehealth client you may live anywhere in Canada. To best ensure your safety should anything at all happen while on a call with your therapist please provide your Local First Responder Emergency Numbers (NOT 9-1-1)

**Incase of emergency contact numbers:**

Name/Relationship/ Ph#    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name/Relationship    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Local emergency numbers (for out of area clients)**

Police#    \_\_\_\_\_

Ambulance#    \_\_\_\_\_

Fire#    \_\_\_\_\_

This Practitioner operates under the practice requirements of Health Canada, the International Metaphysical Ministry, and the PIPEDA / HIPPA requirements of the province of Ontario and the country of Canada as seen under the local and international legislation most fitting to this TELEHEALTH care situation.

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Date    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Practitioners Acknowledgement \_\_\_\_\_

Rev. Jacqueline Bowman, PhD MMsc Shihan