ANGEL WALK WELLNESS

Tele-Medicine • Functional Medicine • Family & Heart Health

www.aww-center.com | 713-992-8628 | AngelWalkWellness@gmail.com

"Healing with Heart, Science, and Purpose"

CLIENT CONSENT FORM

This form confirms your understanding and consent to participate in services provided by Mei Chen, NP, FNP-C, ACNP-BC, CCRN, through Angel Walk Wellness (AWW). AWW provides tele-medicine and functional-medicine consultations designed to educate, guide, and empower patients to improve health and prevent disease through lifestyle, nutrition, and evidence-based care.

Scope of Services:

1) I am voluntarily participating in either a wellness / functional-medicine consultation or a tele-medicine medical treatment, depending on my location and applicable state laws.

2) Wellness consultations provide lifestyle, nutrition, and functional-medicine education. They do not include diagnosis, prescriptions, or medical treatment.

3) Tele-medicine medical treatment (evaluation, diagnosis, prescriptions) is available only for clients residing in California or New York, where Mei Chen NP is licensed for independent practice, or under physician collaboration (Texas and other states).

4) I understand that my personal information will be kept confidential and securely stored.

5) I may discontinue participation at any time.

Location Declaration:

I reside in California or New York and may receive medical care and treatment plans.

I reside in Texas or another U.S. state and understand this session is for educational and wellness purposes unless physician collaboration is in place.

Confidentiality and Data Use:

Your information is used only for scheduling, documentation, care coordination, and secure record keeping. AWW does not share or sell personal data and complies with HIPAA privacy standards.

Client Acknowledgment:

I have read and understand this form, and I consent to participate under the terms described above.

Client Name (print): _____

Client Signature (digital or ink): _____ Date: _____

Provider Signature (digital or ink): _____ Date: _____

_____

Mei Chen, NP, FNP-C, ACNP-BC, CCRN

Founder & Director, Angel Walk Wellness

Date: _____