

CONSENT FOR VIDEO CONSULTATION / SESSION / COACHING

At Unclustered Coaching LLC we utilize technology services to conduct tele-coaching video conferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, you will acknowledge:

1. Unclustered Coaching LLC is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though your coach and you may be in direct, virtual contact through the tele-coaching service of choice neither Unclustered Coaching LLC nor the tele-coaching service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The “service” provider facilitates video conferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
4. You will not assume that the coach or other service provider has access to any or all of the technical information in the tele-coaching technology, or that such information is current, accurate or up to date.
5. To maintain confidentiality, you will *NOT* share the tele-coaching appointment link with anyone unauthorized to attend the appointment.

In addition, by agreeing to this consent you need to understand that:

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable. Dissemination of any of your identifiable images or information from the tele-coaching interaction to researchers or other entities will not be allowed without your consent.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. There are potential risks, consequences, and benefits of tele-coaching. Potential BENEFITS include, but are not limited to: improved communication capabilities, flexibility of scheduling, faster support / improved access to coaching, reduced costs, improved quality / continuity of care, improved safety during times of illness or inclement weather, and reduction of lost work time and travel costs. However, note that effective coaching is often facilitated when the coach gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client.

When using information technology in coaching services, potential RISKS are included but are not limited to the coach's inability to make visual and olfactory observations. These may include but are not limited to: your physical condition including deformities, apparent height / weight, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the coach not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the coach.

Note. In addition to clinical challenges, there may be technical difficulties such as connection interruption, breach of security or problems with volume or internet speed.

By signing this consent form, I certify

- 1. I understand that my coach wishes, and I agree to engage in a tele-coaching or phone consultation/session.**
- 2. My coach has explained / has offered to explain to me how the (video conferencing / phone) technology that will be used to affect such a consultation will not be the same as a direct client coaching visit because I will not be in the same room as the coach.**
- 3. I understand that a tele-coaching consultation / session has numerous potential benefits including easier access to coaching and the convenience of meeting from a location of my choosing.**
- 4. I understand there are also potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my coach or I can discontinue the tele-coaching consult / visit if it is felt that the video conferencing or any connections are not adequate for the situation.**
- 5. I have had a direct conversation with my coach in which I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.**
- 6. I understand that I may review this form and ask additional questions if I am using tele-coaching video for the initial session with my coach and again at subsequent sessions if other questions arise.**
- 7. That I have read or had this form read and / or had this form explained to me.**

8. That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

9. I understand that I MUST be in a state that the coach has permission when engaging in tele-coaching services.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client:

Signed by:

Print:

Date: