



## **Telehealth Weight Loss Contract/Consent**

This Telehealth Weight Loss Patient Contract is entered into between It Is Well Healthcare Provider (Please select one) Amanda D. Boone, APRN or Constance Crane, DNP and Patient, \_\_\_\_\_ referred to as the collectively on this date \_\_\_\_\_.

### **\*\*1. Services and Objectives:\*\***

The Provider agrees to offer telehealth weight loss services to assist the Patient in achieving their weight loss goals. The objectives of the program will be discussed and personalized based on the Patient's needs.

### **\*\*2. Duration:\*\***

This Contract is valid for a period of three (3) months from the Effective Date of \_\_\_\_\_ through \_\_\_\_\_ unless terminated earlier as per the terms outlined herein.

### **\*\*3. Fees and Payment:\*\***

The Patient agrees to pay the Provider the agreed-upon fees for the telehealth weight loss program. Payment details and schedule are as follows:

\$550.00 per month for a required minimum of THREE (3) months for a total of \$1650.00 is due before the patient can be scheduled for their first telehealth visit.

As signed by the patient within the Telehealth Weight Loss Registration Packet, "Effective November 1, 2022 any established patient who fails to show or

cancels/reschedules an appointment and has not contacted our office with **at least 24 hours notice** will be considered a no show and charged a **\$25.00 fee**. We accept all major credit cards, cash and checks as forms of payment.

**\*\*4. Privacy and Security:\*\***

The Provider acknowledges the importance of patient privacy and will adhere to all relevant privacy laws and regulations when handling patient information. The Provider will use secure communication platforms for telehealth consultations and data exchange.

**\*\*5. Informed Consent:\*\***

The Patient acknowledges that they have been informed about the nature of telehealth services and understands the potential benefits and risks associated with the telehealth weight loss program.

**\*\*6. Responsibilities of the Provider:\*\***

The Provider will provide guidance, support, and personalized recommendations to the Patient based on the weight loss objectives. The Provider will also maintain a professional and ethical standard of care.

**\*\*7. Responsibilities of the Patient:\*\***

The Patient agrees to adhere to the provided weight loss plan, attend scheduled telehealth appointments, and provide accurate information about their health and progress.

**\*\*8. Communication Channels:\*\***

Telehealth appointments will be conducted through ECW HEALOW Telehealth Portal (Patient email address MUST be provided). The patient understands they are to contact the office at 302-678-9355 with any questions. Messages will be communicated with the provider and you will receive a call back within 24-48 hours.

**\*\*9. Termination and Cancellation:\*\***

Either party may terminate this Contract in the event of material breach or non-compliance.

**\*\*10. Refund Policy:\*\*** Please verify this !!!!

Refunds will be addressed on a case by case basis for medical reasons determined by the provider.

**\*\*11. Entire Agreement:\*\***

This Contract constitutes the entire agreement between the Parties and supersedes any prior understandings or agreements, written or oral.

**\*\*12. Signature:\*\***

By signing below, the Parties acknowledge their understanding and agreement with the terms outlined in this Contract.

Provider: [Provider's Name]

Patient: [Patient's Name]

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

