

## IM HEALTH Program Agreement

Participant agrees to the following terms:

1. I understand that I am entering into a professional-client relationship that is designed to facilitate my creating and carrying out a strategy/plan for achieving my goals. My plan will be based on my unique values, preferences, and ways I want to improve my health and wellbeing.
2. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional wellbeing. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that my decisions and my actions regarding my goals are my sole responsibility.
3. I am aware that I can choose to discontinue coaching at any time.
4. **I understand that I will call my healthcare professional at the scheduled time** unless there is an emergency. IM Health has a **48-hour cancellation policy** to reschedule your appointment, or it will be considered a missed appointment. I will pay for long distance charges, if any.
5. **I understand that I may miss up to 5 health professional sessions during the 52-week program (90% attendance rate). If I miss more than 5 sessions, I understand that I may be disqualified to continue to participate in the program.**
6. **I promise that if I am taking any medications, I have informed my doctor(s) or other appropriate healthcare providers, that I will be participating in the IM Health lifestyle change program to help improve my health and they will collaborate with me to adjust my medications if necessary before and during the program.**
7. I agree to authorize my healthcare providers to release my blood work test results to IM Health LLC, in order to track the results before and after the program. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
8. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider regarding the advisability of working with a IM Health healthcare professional and that the mental health professional is aware of my decision to proceed with this relationship.
9. I understand that certain topics may be anonymously shared with other healthcare professionals for training or consultation purposes and calls may be recorded for these purposes.
10. **I understand that my IM Health healthcare professional is not to be used as a substitute for professional advice by medical or other qualified professionals.** I understand that this relationship does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that this relationship is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy. I will seek independent professional guidance for legal, medical, financial, mental, business, spiritual or other matters.