**Agreement to Terms of Health Coaching Consultation(s)**

**with Martin L. Rossman, MD**

My name is (please print) .:. . This form with my signature is my agreement to the terms of health coaching consultations with Martin L. Rossman, MD .

I understand the following:

1. **No medical diagnosis or treatment**

While Dr. Rossman is a medical doctor licensed in California, I not establishing a doctor/patient relationship with him because I am not seeking either medical diagnosis nor treatment of an illness or medical condition. Instead, my relationship with him is a *health education and coaching relationship.* While we can discuss health related issues that affect me, health coaching does not establish Dr. Rossman as either my primary care doctor or consulting doctor. I am still responsible for obtaining any medical care I might need from appropriate health professionals who have the opportunity to examine me in the interest of offering either a medical diagnosis or treatment or both.

2) **Charges for Consultations and Coaching Sessions**

Coaching fees are $385 an hour, payable prior to your consultation. Half-hour sessions may be suitable for some people, and are $210. Because there is no diagnosis made or medical treatment given, coaching fees are not insurance billable or reimbursable. Please consult your tax advisor to see if they are suitable for reimbursement from an HSA or FSA account.

3) **Charges for Preparation and Follow-Up**

(a) I will be charged for the time Dr. Rossman spends preparing for my consultation/ s) by reviewing and considering any documents or records appropriate to the issues I wish to address.

(b) I will be charged for time he spends working on my behalf, with my approval, after my initial or between meetings. The time may involve research on my behalf that I request of him, or preparation of emails, reports, and other documents, and his emailing them to me or to health people whom I specify.

(c) Dr. Rossman's preparation and follow-up fees are the same as for the time he spends talking with me on the phone, which is $385 per hour. These charges are in addition to the charges for the time Dr. Rossman spends with me in person. I may ask Dr. Rossman for an estimate of the time it will take him to review records after he sees them, or for an estimate of time it will take him to. complete follow-up work.

**Cancelling or Rescheduling an Appointment**

To reschedule or cancel my appointment for a health coaching session, I agree to notify Dr. Rossman's office (415–925-8600) at least twenty-four (24) hours before the scheduled appointment. If my appointment is on Monday, I will phone or fax to reschedule or cancel on the Thursday before. If I fail to reschedule or cancel twenty-four (24) hours before the appointment time, or by Thursday 5 PM PDT for an appointment the following Monday, and do not show up during my appointment time, I understand and agree that my credit card will be charged the agreed upon fee for the time that I had reserved. I understand that I can use that time to talk with Dr. Rossman via telephone or video phone by arrangement with him.

**Health History & Lab Results**

I understand that before my health coaching sessions I am free to provide Dr. Rossman with copies of any documents including lab test results and a health history and related health records that I feel are important for him to review. I will send these by fax to 415-925-8604 if there are less than 20 pages. I can also email them to him at [mariel4rossman@gmail.com](mailto:mariel4rossman@gmail.com). Otherwise I will mail them to 1341 S. Eliseo Drive, #350, Greenbrae, CA 94904. It is not necessary, however, that I provide Dr. Rossman with such test results or health records.

**Arbitration Agreement**

Any dispute regarding these coaching services that we cannot amicably resolve between ourselves will be settled through Arbitration according to the laws of the State of California. The contents of this form constitute the complete agreement between Martin L. Rossman, MD, P.C. and me, and when I sign the agreement, the terms of the agreement will apply to any telephone consultation and any related communications through other media I have with him.

**Faxing this Form & Scheduling an Appointment**

After filling in the lines below, I will sign this form and fax it to 415- 925-8604 or scan it and email to [mariel4rossman@gmail.com](mailto:mariel4rossman@gmail.com) . If I have not already scheduled my health coaching session, I will phone Dr. Rossman's office at 415-925-8600 to set the day and time of my appointment.

Signature:

Date:

Street Address:

Billing Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:

Cell Phone:

Email address

Credit Card Type: Visa MasterCard Discover

CC Number: Expiration Date:

CVV (3-digit security number on back):\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of card holder if not your own (please print):

Signature of card holder (If not your own)