ANGEL WALK WELLNESS

Evidence-Based Wellness & Telehealth Care
www.aww-center.com | contact@aww-center.com
Healing with Heart, Science, and Purpose

CLIENT CONSENT

This form confirms your understanding of and consent to participate in services provided through Angel Walk Wellness.

Angel Walk Wellness offers two distinct types of services:

1. WELLNESS & EDUCATIONAL CONSULTATION

Wellness & Educational Consultation is available nationwide.

These services may include education and guidance related to nutrition, physical activity, cardiometabolic wellness, healthy aging, lifestyle habits, prevention, and other wellness topics.

Wellness & Educational Consultation is educational in nature and is not a substitute for medical evaluation or treatment.

It does not establish a medical diagnosis, provide medical treatment, or include prescribing or medication management.

Clients should continue appropriate care with their physician or other licensed healthcare professional.

2. MEDICAL TELEHEALTH

Medical Telehealth through Angel Walk Wellness is currently offered only to eligible patients located in California or New York, subject to applicable licensing, practice, and telehealth requirements.

Medical Telehealth may include clinical evaluation, assessment, diagnosis, treatment planning, follow-up, and prescribing when legally permitted and clinically appropriate.

Eligibility for medical telehealth is determined based on the patient's physical location at the time of the visit and applicable law.

Angel Walk Wellness may determine that an in-person evaluation, emergency evaluation, specialist referral, or care with another healthcare professional is more appropriate.

3. LOCATION AND SERVICE ELIGIBILITY

I understand that the type of service available to me depends on my location and eligibility.

If I am located outside California or New York, my Angel Walk Wellness visit will be limited to Wellness & Educational Consultation unless I am specifically informed otherwise by Angel Walk Wellness.

I agree to accurately report my physical location at the time of any telehealth visit.

4. EMERGENCIES

Angel Walk Wellness telehealth and wellness services are not intended for medical emergencies.

If I believe I am experiencing a medical emergency, I understand that I should call 911 or seek immediate emergency care.

5. CONFIDENTIALITY AND INFORMATION

Angel Walk Wellness will handle personal and health information in accordance with applicable privacy and confidentiality requirements.

I understand that electronic communication and telehealth technologies have inherent privacy and security risks despite reasonable safeguards.

I agree not to use ordinary email or the appointment-request form to send sensitive medical information unless specifically instructed to do so through an appropriate secure method.

6. PARTICIPATION AND COMMUNICATION

I agree to provide accurate information relevant to my visit and to inform Angel Walk Wellness of important changes when appropriate.

I understand that I may discontinue participation in Angel Walk Wellness services at any time.

I understand that receiving wellness education does not replace ongoing care with my primary care physician or other appropriate healthcare professionals.

CLIENT ACKNOWLEDGMENT

By signing below, I confirm that:

- I have read and understand this Client Consent.
- I understand the difference between Wellness & Educational Consultation and Medical Telehealth.
- I understand that medical telehealth is currently limited to eligible patients located in California or New York.
- I understand that an appointment request is not a confirmed appointment until Angel Walk Wellness provides confirmation.
- I consent to participate in the service for which I am eligible.

Client Name (print): _____

Client Signature: _____

Date: _____

Provider:

Mei Chen, ACNP-BC, FNP-C

Founder, Angel Walk Wellness

Provider Signature: _____

Date: _____