Tulsa FOP 93 Health and Welfare Trust

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The Health Coaching Program Consent and Release Form

Printed Name _____ Phone _____

Email Address _____ Employer _____

*Wellbeing Solutions, LLC and Coaching Solutions, LLC (collectively: **The Health Coaches**) manage and deliver **The Health Coaching Program**.*

The Tulsa FOP 93 Health and Welfare Trust is offering the **Health Coaching Program** to assist members with achieving their wellness and incentive goals. **The Health Coaching Program** is a reasonable alternative for A1C, Blood Pressure, Heart Health, Tobacco Use and Waist to Height Ratio risk factors. In addition, this benefit is available to all Trust members on a voluntary basis.

- I agree to participate in the **Health Coaching Program**. I understand that this **Health Coaching Program** is voluntary and I may withdraw from the program at any time. However, if I am participating to satisfy a reasonable alternative for not meeting A1C, Heart Health, or Waist to Height ratio risk factors, if I voluntarily withdraw from the program, I understand that I will not be eligible for the incentive.
- I consent to being contacted by **The Health Coaches**.
- I consent to the development, implementation, and evaluation of the **Health Coaching Program** care plan that is specific to me.
- I understand that any verbal or written communication with my **Health Coach** as well as all coaching records, are confidential, to the extent defined by state laws. However, by my signature below, I authorize the release of pertinent medical information to **The Health Coaches** and other health professionals involved in my care - for the purposes of improving, modifying or continuing my **Health Coaching Program** care plan (e.g. PCP, Specialists, Mental Health Professionals, Personal Trainer, etc.).
- I understand that it is my responsibility to follow up with my **Health Coach** on a weekly basis. I understand that if I miss more than two (2) weeks of check-ins over the 10-week coaching period, I will not satisfy the reasonable alternative for the incentive. I understand that it is my responsibility to a keep record of all encounters with my **Health Coach** to ensure I am compliant with the **Health Coaching Program.** If my **Health Coach** and I agree on a need that is outside the scope of health coaching, such as the need for another healthcare provider, **The Health Coaches** will refer me to the appropriate resource.
- I understand and acknowledge that I take full responsibility for my life, actions, and well-being, as well as all decisions made during and after this program. I understand that my **Health Coach** will do their absolute best to answer my questions and create a beneficial care plan for me. I expressly assume the risks of the **Health Coaching Program**, including the risks of trying new foods and physical activity routines and the risks inherent in making lifestyle changes.
- I understand that If at any time I am hostile, harassing or inappropriate with **The Health Coaches**, I might not be able to continue with health coaching and if I am participating to satisfy a reasonable alternative, I will not receive credit for participating.
- The health coaching relationship between the health coach and participant is in no way to be construed as anything but professional. Interactions between the health coach and participant are also not to be seen as psychotherapy, psychological counseling or any type of therapy. In the event that the client feels the need for professional counseling or therapy, it is the responsibility of the client to seek a licensed professional.

- The participant understands that the health coach is not a licensed healthcare provider, advisor or consultant and any communications are not meant to take the place of seeing licensed health professionals. Any communications with your health coach may not be construed as a recommendation of medical treatment, medical advice or to diagnose, treat or cure any disease, condition or other physical or mental ailment of the human body. It is always the participant's responsibility to seek professional medical or licensed help if it is needed, whether or not the coach makes that recommendation. If the participant is under the care of a health care professional or currently uses prescription medications, the participant should discuss any dietary changes or potential dietary supplements use with his or her doctor, and should not discontinue any prescription medications without first consulting his or her doctor.
- I waive any and all rights and claims for damages against **The Health Coaches** and/or their affiliated companies or employees that may result from participating in this **Health Coaching Program**. I release **The Health Coaches** and/or their affiliated companies or employees from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which the Client ever had, now has or will have in the future against **The Health Coaches**, arising from my past or future participation in, or otherwise with respect to, **The Health Coaching Program**.
- I authorize the release of my name, dates and times of health coaching sessions and type of communication, such as phone, text or email used for my health coaching session to The Tulsa FOP 93 Health and Welfare Trust for the purposes of confirming my participation in this **Health Coaching Program** for the purpose of assigning my medical benefits/incentives. I understand that personal health information discussed during my sessions will not be shared with The Tulsa FOP 93 Health and Welfare Trust.

  _____ I have read the above (or the above has been explained to me) and I hereby agree to participate in **The Health Coaching Program** and the guidelines regarding said Program.

  _____ I **DO NOT** want to participate in **The Health Coaching Program** and understand that I am declining the reasonable alternative. I understand that I will have until Saturday, December 6, 2025 to start my first health coaching session.

Signature _____ Date _____

If you have questions, please contact Well-Being Solutions, LLC at nichelle@wbs.health or at 918-344-4859.
This form and questions can be submitted by emailing it to nichelle@wbs.health.