

**INFORMED CONSENT TO RECEIVE IN PERSON AND TELEHEALTH SERVICES**

**WAIVER OF LIABILITY**

PATIENT NAME: \_\_\_\_\_

The services we offer are rendered within the relevant laws which define our scope of practice. We explicitly do not diagnose or treat any condition and do not interpret any laboratory or any other type of test. We simply provide the physical act of phlebotomy and other services as a convenience to our clients. It is then the client/patient's FULL and SOLE responsibility to follow up with their healthcare provider to obtain test results, receive all necessary medical care, receive medical advice, receive diagnoses, and undergo any necessary treatment. By signing below, I acknowledge I fully understand this paragraph and assume full responsibility to follow up with my healthcare provider.

Phlebotomy and all other services we provide carries risk. Our services may result in an aggravation or worsening of symptoms and may cause pain, injury, or serious health consequences, including death. Response to our services varies from person to person and it is not possible to fully and accurately predict how a person will respond to phlebotomy or any other service. These risks are present whether services are provided at a person's home, a facility, or any other site.

Within the scope of the law, we may provide consultations via telehealth utilizing technology to patients/clients located in remote locations. Telehealth sessions differ from direct patient/health care provider visits in that the provider and patient/client are not in the same room. Benefits of telehealth include increased accessibility to services from remote locations. However, there are potential risks in addition to the risks of in-person services, including lack of in-person, hands-on evaluations, interruptions in technology, unauthorized access to the technology used (breaches of privacy), and miscommunication.

By signing below, I hereby consent to and authorize Vital Flow Vitality LLC and all associated providers to provide all in-person and telehealth services. I acknowledge that I understand all risks involved in receiving these services, and by signing below, I forfeit all right to bring suit against Vital Flow Vitality LLC, its providers, its respective representatives, executors, agents, and assigns for any reason associated with participation in these services, whether services are provided at a person's home, a facility, or other site. By signing this agreement, I agree to hold Vital Flow Vitality LLC, its providers, its respective representatives, executors, agents, and assigns entirely free from any liability, including financial responsibility for all injuries incurred, costs, and damages. I assume all risk of harm or injury which might occur either through act or omission for all services. I will also make every effort to obey safety precautions as listed in writing and explained to me verbally. Further, if any injury does occur, I give my consent to Vital Flow Vitality LLC to contact the party provided below as my emergency contact person. If the participant is a minor, I agree that the minor has my consent to participate in any services recommended and provided by Vital Flow Vitality LLC. I further provide my consent for the organization or business to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to any emergency treatment. Finally, I understand that Vital Flow Vitality LLC is not responsible for any lost, stolen, or damaged specimen(s) after the specimen(s) are/is out of its possession and control.

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARTICIPANT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_