**Agreement to Terms of Telephone 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 telephone 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 do not have a doctor/patient relationship with him because I have not consulted with him in person and given him a chance to examine me: Instead, my relationship with him through long-distance telephone or Videophone consulting is a *health education and coaching relationship.* While we can discuss health related issues that affect me, long-distance 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 consult with me in person.

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

I will fax this form containing my contact information, credit card number, expiration date, and signature to Dr. Rossman's office. If I prefer not to fax my credit card information, I will provide it by telephone when I schedule my appointment. After a telephone consultation with Dr. Rossman, I agree to my credit card being charged for the telephone consulting fee and any other fees I agree to through this form or during the consultation. The fee for consulting will be the appropriate dollar amount for the cumulative time of the consultation. The rate is $420 per hour pro-rated per time scheduled.

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 consultation or between consultations. 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 care practitioners 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 $420 per hour. These charges are in addition to the charges for the time Dr. Rossman spends with me on the telephone. 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 telephone consultation, 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 phone Dr. Rossman's consultation line 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.

**Health History & Lab Results**

I understand that before my telephone consultation(s), 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. Otherwise I will mail them to 1341 S. Eliseo Drive, #350, Greenbrae, CA 94904. Ii 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. If I have not already scheduled my telephone consultation, I will phone Dr. Rossman's office at 415-925-8600 to set the day and time of my appointment. At the time of my scheduled consultation, I will either phone Dr. Rossman at 415-925- 8600 or connect to him via Skype, Facetime, iChat or other similar videophone service, as agreed to with his office.

Signature:

Date:

Street Address:

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

Home Phone:

Cell Phone:

Email address

Credit Card Type: Visa MasterCard Card

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)