



UVA-WorkMed

**Chronic Care Coaching**  
**Informed Consent and Medical Release of Liability**

In consideration for being allowed to participate in the Chronic Care Coaching program conducted by the UVA-WorkMed department, I do hereby release the University of Virginia Health System, UVA-WorkMed and coach from any and all responsibilities or liability as a result of my participation. I do also hereby release all of those mentioned for any responsibilities or liability for injury or damage to myself in any way arising out of or connected with my participation in a Chronic Care Coaching program conducted through UVA-WorkMed.

I understand and am aware that it is my responsibility to choose what changes I wish to make and sustain. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in any of these activities chosen, equipment and machinery recommendations with the knowledge of the risks involved. I hereby agree to expressly assume and accept any and all of those risks including injury and/or death.

UVA-WorkMed fully complies with all HIPAA laws. All requests for the release of information will need to be made in writing and signed by the client.

I understand if suicide, homicide, a threat to or from another is made and/or the abuse or neglect of a child is disclosed within a coaching session, my coach is legally bound to notify the appropriate authorities, physicians and/or agencies as required by the state of Virginia.

\_\_\_\_\_  
**Participant's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant or Guardian Signature**

\_\_\_\_\_  
**Witness (only for underage participant)**

\_\_\_\_\_  
**Date**

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