

# VIRTUAL CARE SCOPE & JURISDICTION WORKSHEET

Client Name: \_\_ Date: \_\_

Practitioner Name: \_\_ Client State/Country of Residence: \_\_

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## Section 1: Jurisdictional Verification (Location of Care)

*To be completed at the start of the initial session and updated if the client travels.*

- ☐ **Current Physical Location:** \_\_\_\_\_
- ☐ **Primary Residence:** \_\_\_\_\_
- ☐ **Travel Status:** Is the client currently outside their home state/country? (Yes / No)
- ☐ **Emergency Services:** Local emergency number (e.g., 911) and nearest hospital confirmed for the client's current location.

## Section 2: Health Consultant Model Disclosure

*Review these points with the client to establish the legal nature of the coaching relationship.*

Compliance Item	Client Initials	Practitioner Notes
<b>Educational Scope:</b> I understand the practitioner is acting as a Functional Health Consultant, not a primary care physician.	—	
<b>No Diagnosis/Treatment:</b> I understand this program does not diagnose, treat, or cure specific medical diseases.	—	
<b>Lab Ordering:</b> I understand that any labs suggested are for educational/optimization purposes and should be shared with my PCP.	—	
<b>Local PCP Required:</b> I maintain a relationship with a local licensed physician for physical exams and urgent care.	—	

## Section 3: "Boots on the Ground" (Local Collaborator)

*As a virtual practitioner cannot perform physical exams, the following information is required for the client file.*

**Local Primary Care Physician (PCP) Information:** - Name: \_\_\_\_\_ - Clinic Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_ - Date of Last Physical Exam: \_\_\_\_\_

## **Section 4: Asynchronous Care & Communication Boundaries**

*Set expectations for Remote Patient Monitoring (RPM) and messaging.*

**1. Standard Response Time:** - ☐ Messages via portal/email will be answered within: **24–48 Business Hours** - ☐ I understand that the practitioner does not monitor messages 24/7.

**2. Emergency Protocol:** - ☐ In the event of a medical emergency, I will call my local emergency services or go to the ER. I will NOT wait for a portal message response.

**3. Wearable Data (Oura, Whoop, etc.):** - ☐ Data is reviewed: (Circle one) Weekly | During Sessions Only | Monthly - ☐ *Note: Practitioner is not responsible for real-time monitoring of biometric alerts.*

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## **Compliance Confirmation**

**Practitioner Attestation:** I have verified the client's location and confirmed that my "Health Consultant" model is disclosed and understood. I have secured the contact information for a local medical collaborator to bridge the gap in virtual physical assessment.

**Practitioner Signature:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

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*AccrediPro Standards Institute Certified Tool Lesson 6: Telehealth Jurisdictions & Virtual Practice Law Compliance*

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