

Permission to Receive Dietitian Services Using Telehealth

Name: _____ Date: _____
(Please print)

1. PURPOSE: The purpose of this form is to obtain your permission for a telehealth appointment with a registered dietitian nutritionist.

2. WHAT IS TELEHEALTH: Telehealth is a way to have your appointment with your registered dietitian nutritionist (“dietitian”) using audio and visual electronic communications. If the use of audio-visual technology (computer/tablet/smartphone) is not possible, it may be possible to use the telephone (voice only) in some situations.

3. OTHER ELECTRONIC COMMUNICATIONS, including text messaging, secure email, or a Health Insurance Portability and Accountability Act (HIPAA) compliant patient portal may also be used to share health information with you related to your appointment.

3. BENEFITS AND RISKS: The benefits of telehealth include not having to leave your home or travel outside of your local area. You will not be in the same room as your dietitian, so there may be some limitations to the appointment and the appointment may feel different. Technical problems could interrupt or stop your visit before it is completed. An in-person appointment still may be necessary after the telehealth appointment.

4. PRIVACY: Telehealth visits will not be recorded. Try to be in a private place, if possible. If people are close to you, they may hear something you do not want them to know. Your dietitian will obtain your consent prior to allowing someone else from their office to observe the appointment (such as a dietitian student). Even with the use of HIPAA-compliant technology, an internet connection that is private and secure (i.e., not using public WiFi), and taking precautions to protect your privacy, there is a chance/risk that security measures could fail causing a breach of privacy.

4. PRIVACY AND SHARING DATA FROM MOBILE HEALTH APPLICATIONS: The sharing of data from mobile applications with your dietitian is at your discretion. Your dietitian is not responsible for privacy and data breaches that could occur through the sharing of data from mobile health applications during a telehealth appointment. Likewise, if you choose to use text-messaging, or to use unencrypted emails or public WiFi for sharing information with your dietitian or for telehealth services, your dietitian is not responsible for privacy and data breaches that could occur.

5. YOUR RIGHTS: You have the right to refuse telehealth services or limit what information is shared when receiving telehealth services. You may withdraw your permission for a telehealth appointment at any time, including during the appointment.

6. CONFIDENTIALITY & MEDICAL RECORDS. All existing privacy and confidentiality laws apply to information used or disclosed during your telehealth appointment. All laws concerning patient access to medical records and copies of medical records apply to telehealth appointments. Your dietitian will maintain records of your telehealth appointments as required by law.

7. LIMITATIONS. Your dietitian will notify you if there are any limitations or special requirements for your telehealth visit based on the state where you live or the state where services are provided.

Authorization and Consent:

- I understand how telehealth will work and the reasons for using it with my dietitian.
- I understand that receiving services using telehealth is not the same as an in-person visit.
- I understand that I can stop a telehealth appointment any time, for any reason, or stop using telehealth for future visits. If need to let my dietitian know if I do not want to use telehealth again email your dietitian at laura.fuelpn@gmail.com
- I understand there are risks to receiving telehealth services, such as technical difficulties, and breaches of privacy even with the use of secure communications systems.
- I understand that should an emergency medical situation arise during the appointment, including a behavioral or mental health crisis, my dietitian may direct me to emergency medical services, such as the emergency room, or may call 911 on my behalf for emergency services. I understand that my dietitian is not responsible for providing emergency services or any healthcare services other than the dietitian's telehealth visit.
- I understand that my insurance may not cover telehealth services, and that my out-of-pocket costs may be different for telehealth than for services provided in-person.
- I understand that if I decide to stop using telehealth services, that decision will not negatively affect my care and treatment.

My dietitian has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all my questions have been answered. I have read and agreed to a telehealth appointment. My consent shall remain in effect for the duration of care, or until one year from today, or until I revoke my consent in writing.

Signature of Athlete or Representative (if < 18) : _____

Date: _____

Relationship of Representative to Patient: _____

REFUSAL: I refuse to participate in telehealth appointments as described above.

Signature: _____

Date: _____

