

# ***CINET REGISTERED DIETITIANS & WELLNESS***

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## **Telehealth Informed Consent Form**

I, (*type your full name*) \_\_\_\_\_ understand that my healthcare provider Linda Lockett Brown, RDN/LDN wishes me to have a telehealth consultation.

This means that through interactive video connection, I will be able to consult with the above named dietitian or designated staff member about my health concerns. My dietitian has explained to me how telehealth will be used to do such a consultation and how else we will use telehealth to connect while working together. Telehealth may include: video appointments, virtual food diary review, messaging directly with my dietitian and sharing documents.

I understand there are potential risks with this technology:

- The video connection may not work or that it may stop working during the consultation.
- The video picture or information transmitted may not be clear enough to be useful for the consultation.

The benefits of a telehealth consultation are:

- I do not need to travel to the consult location.
- I have access to a specialist through this consultation.

I also understand other individuals may need a telehealth platform and that they will take reasonable steps to maintain confidentiality of the information obtained. I have read this document and understand the risks and benefits of the telehealth consultation and have had my questions regarding the procedure explained and I hereby consent to participate in a telehealth visit under the conditions described in this document.

Electronic Signature (*Typing your name here is the electronic signature*):

\_\_\_\_\_

Date: \_\_\_\_\_