



HBC Nutrition Telehealth Patient Consent Form

I (Patient Name) _____ agree to receive medical nutrition services, as a telehealth service. I understand that the HBC Nutrition provider is located in another location during my telehealth visit. A telehealth service means that my visit with a provider at the distant site will happen by using special audiovisual equipment. This consent is valid for six months for follow-up telehealth services with the provider.

I also understand that:

- I can decline the telehealth service at any time without affecting my right to future care or treatment and any program benefits to which I would otherwise be entitled cannot be taken away.
- I may have to travel to see a health care provider in person if I decline telehealth service.
- 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.
- If I decline the telehealth services, the other option available to me will be in person services at HBC Nutrition locations.
- The same confidentiality protections that apply to my other medical care also apply to the telehealth service.
- I will have access to all medical information resulting from the telehealth service as provided by law.
- The information from the telehealth service (images that can be identified as mine or other medical information from the telehealth service) cannot be released to researchers or anyone else without my additional written consent.
- I will be given information of all people who will be present during my telehealth service.
- I may see an HBC Nutrition provider after my telehealth service if an urgent need arises.

I have read this document carefully, and my questions have been answered to my satisfaction.

Signature of Patient: _____ Date _____

Or

Signature of Parent or Legal Representative: _____ Date _____

Telehealth Consent:

Signature of Person Obtaining Consent: _____ Date _____