

Telemedicine Consent Form

KOKUA Lifestyle and Nutrition

1. I hereby authorize KOKUA Lifestyle and Nutrition to use the telehealth practice platform (doxy.me HIPAA compliant) for telecommunication for evaluating, testing and diagnosing my medical condition.
2. I understand that technical difficulties may occur before or during the telehealth sessions and my appointment cannot be started or ended as intended.
3. I accept that the dietitian can contact interactive sessions with video call; however, I am informed that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.
4. I understand that my current insurance may not cover the additional fees of the telehealth practices and I may be responsible for any fee that my insurance company does not cover.
5. I agree that my medical records on telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private as it would be during a normal in-office visit.

Name

First Name Last Name

Date



Month Day Year