

# Informed Consent for Telehealth Nutrition Counseling Services

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*I voluntarily agree to receive telehealth nutrition counseling through Doxy.me service and authorize Deborah McCarthy, RD, CPT, CBCC to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in my care, treatment, or services. By signing this informed consent, I acknowledge that I have both read and understand the terms and information contained herein.*

*I understand that I have the following rights with respect to telehealth:*

- 1. The laws that protect the confidentiality of my personal information also apply to telehealth.*
- 2. I have the right to withhold or withdraw my consent to the use of telehealth during the course of my care at any time.*
- 3. I understand that doxy.me telehealth platform is encrypted and HIPPA compliant.*
- 4. I understand that technology may become temporarily disrupted or distorted during the consultation. In event that connection fails multiple times, the consult will continue by telephone.*
- 5. All laws and regulations governing professional responsibility and standards of practice also apply to telehealth services.*

By signing the informed consent, I acknowledge that I have both read and understand the terms and information herein and my questions have been answered to my satisfaction.

Signature of Client: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_