

## Covid-19 Telehealth MBS Consultation Consent Form

Please read and complete this consent form prior to your first Telehealth appointment with Rita Singer, RD.

Once signed you will be asked to return your consent form by email. This signed document represents an agreement between you and your Dietitian.

Your participation in Telehealth consulting is voluntary and you have the right to withdraw consent and stop your appointments at any time.

### Confidentiality

- Any personal information that you disclose in session with your Dietitian will be treated confidentially in accordance with the 1998 Federal Privacy Act. This applies to all verbal, written, or computer stored material.
- Your Dietitian will conduct your Telehealth service in a private location and use an encrypted service when possible.
- Where possible, please attend your appointment in a private place, where you are unlikely to be interrupted or overheard.
- Telehealth consultations are not permitted to be recorded by your Dietitian or anyone else.

### Communication with You

- Problem free internet connection during your Telehealth service cannot be guaranteed. Should your appointment be interrupted by poor internet service you will be asked to provide a backup phone number to complete the appointment within your booking time.
- Any written communication from your Dietitian to you will be sent to your private, secure email address with your consent. You may nominate a postal address if you prefer.
- Whilst all effort is made to conduct secure email transmission of information by your Dietitian, it cannot be guaranteed.
- Any information shared digitally with you by your Dietitian is not to be forwarded by you to third parties.
- Should you require an additional session to discuss urgent matters (that do not constitute an emergency) please contact the Dietitian to arrange an extra appointment.

### Consent Please Complete:

I consent to receiving information related to my sessions by email to this email address which is secure and only accessed by me: \_\_\_\_\_

My back up phone number to be used if connection is lost during Telehealth is: \_\_\_\_\_

**I have read the terms of Telehealth consultation with Rita Singer, RD and consent to these terms. I understand that I am free to ask my dietitian any questions about this consent form as they arise.**

**Name (Print):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Signature of Patient:** \_\_\_\_\_

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