

# **Permission for Telehealth Visits**

## **What is telehealth?**

Telehealth is a way to visit with healthcare providers, such as your doctor, nurse practitioner or registered dietitian nutritionist.

You can talk to your provider from any place, including your home. You don't go to a clinic, hospital or home office.

## **How do I use telehealth?**

- You talk to your provider by phone, computer, or tablet.

## **How does telehealth help me?**

- You don't have to go to a clinic or hospital to see your provider.
- You won't risk getting sick from other people.

## **Can telehealth be bad for me?**

- You and your provider won't be in the same room, so it may feel different than an office visit.
- Technical problems may interrupt or stop your visit before you are done.

## **Will my telehealth visit be private?**

- This visit will not be recorded.
- If people are close to you, they may hear something you did not want them to know. You should be in a private place, so other people cannot hear you.  
I use telehealth technology that is designed to protect your privacy
- If you use the Internet for telehealth, use a network that is private and secure.
- There is a very small chance that someone could use technology to hear or see your telehealth visit.

**What if I want an office visit, not a telehealth visit?**

For now, almost all visits are by telehealth. You can schedule an office visit at my home office if you prefer.

**What if I try telehealth and don't like it?**

- You can stop using telehealth any time, even during a telehealth visit.
- If you decide you do not want to use telehealth again:
  - call Mary Hunt, MS, RDN, at 571.314.0173 and say you prefer to meet in person.

**How much does a telehealth visit cost?**

- What you pay depends on your insurance.
- A telehealth visit will not cost any more than an office visit.

**Do I have to sign this document?**

No. Only sign this document if you want to use telehealth.

**What does it mean if I sign this document?**

If you sign this document, you agree that:

- We talked about the information in this document.
- I answered all your questions.
- You want a telehealth visit.

If you sign this document, I can give you a copy.

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Your name (please print) Date

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Your signature Date