

Telehealth Informed Consent



24 Carrot Wellbeing

Lee Lamb, MS, RDN/LDN, RYT-500

Duke Integrative Medicine - Trained Health & Well-being Coach

919-273-4390

lee@24carrotwellbeing.com

I understand that my health and wellness provider wishes me to have a telehealth consultation.

This means that through an interactive video connection, I will be able to consult with the above-named provider about my health and wellness concerns.

I understand there are potential risks with this technology:

- The video connection may not work or it may stop working during the consultation.
- The video picture or information transmitted may not be clear enough to be useful for the consultation.

The benefits of a telehealth consultation are:

- I do not need to travel to the consult location.
- I have access to a specialist through this consultation.

I have read this document and understand the risk and benefits of the telehealth consultation and have had my questions regarding the procedure explained and I hereby consent to participate in telehealth sessions under the conditions described in this document.

I hereby agree to the document above.

Name*

First Name:

Last Name:

Signature*

(This will require your client's signature)

Date*

