

Informed Consent: Nutrition, Telehealth, HIPAA

Confident Nutrition

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Consent for Nutrition Services

Services & Scope

Nutrition Counseling / Medical Nutrition Therapy (MNT) is a collaborative process between you and the registered dietitian to support your overall healthcare through nutrition education, guidance, and behavior change. These services complement, but do not replace, care from your medical provider.

MNT provides personalized nutrition and wellness recommendations but is not medical advice, psychotherapy, or a substitute for diagnosis, treatment, or care by medical, mental health, legal, or other licensed professionals.

This consent includes all nutrition assessments, interventions, and monitoring deemed appropriate by the registered dietitian and/or referring provider. You acknowledge that nutrition is not an exact science and that no specific outcomes are guaranteed.

Additional Notice Applicable to Patients in California:

NOTICE: State law allows any person to provide nutritional advice or give advice concerning proper nutrition—which is the giving of advice as to the role of food and food ingredients, including dietary supplements. This state law does NOT confer authority to practice medicine or to undertake the diagnosis, prevention, treatment, or cure of any disease, pain, deformity, injury, or physical or mental condition and specifically does not authorize any person other than one who is a licensed health practitioner to state that any product might cure any disease, disorder, or condition.

Risks & Benefits

Nutrition therapy may involve exploring thoughts, behaviors, and experiences related to food, body, and health, which can sometimes bring up uncomfortable emotions. Potential benefits include increased nutrition knowledge, improved eating patterns, a healthier relationship with food and body, greater confidence and reduced stress around eating decisions, and support for overall health, well-being, and alignment with individual values.

Safety & Emergencies

Confident Nutrition does not provide emergency services. In an emergency, call 911 (physical emergency) or 988 (mental health emergency). If an emergency occurs during a virtual session and you are unable to call, the dietitian may contact emergency services and share your location to obtain help. Your emergency contact may be notified after the immediate situation is addressed.

Termination of Services

Either you or the provider may choose to discontinue services at any time. If you wish to end services, you are encouraged to provide notice so we may review progress and discuss next steps.

Services may be discontinued by the provider if it is determined that services are no longer clinically appropriate or are not being effectively used; if your needs require services that fall outside the provider's training, licensure, or scope of practice; or in cases of non-payment, repeated late cancellations, or policy violations. When appropriate, the reasons for termination will be discussed with you.

If services are discontinued, reasonable efforts will be made to provide referrals or resources to support continuity of care. You may also choose to seek services from another provider at any time.

Termination does not eliminate responsibility for any outstanding balances.

Telehealth Consent

I understand that my provider Shelly Najjar, MPH, RDN wishes me to have a telehealth consultation.

This means that through an interactive video and audio, audio-only, or text-based 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, audio, and/or internet connection may not work or it may stop working during the consultation.
- The video picture, audio, and/or information transmitted may not be clear enough to be useful for the consultation.
- The provider and I are not in the same physical location, and the provider cannot provide physical help and/or first aid in case of emergencies.

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 also understand other individuals may need to use the Healthie telehealth platform and that they will take reasonable steps to maintain confidentiality of the information obtained.

Telehealth sessions must take place while you are physically located within a state in which the provider is legally authorized to practice, including **Arizona, California, Colorado, Virginia, or Washington**. You agree to inform the provider of your physical location at the time of each appointment.

For sessions conducted while you are physically located in **California**, a valid referral must be obtained prior to the appointment in accordance with state law.

For safety and professionalism, you agree to attend telehealth sessions in appropriate attire (pajamas or loungewear are acceptable; nudity is not permitted) and not while driving or operating a vehicle.

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.

Notice on Records

Confident Nutrition maintains records of the services provided to you. You may request to review, copy, or correct your records. Your information will not be shared without your authorization unless required or permitted by law. You may contact Confident Nutrition for access or more information.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice outlines your protected health information, how it may be used, and what your rights are. Please

review carefully and ask any questions prior to signing. Questions about this notice can be directed to Confident Nutrition.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We, Confident Nutrition understand that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all of the records of your care generated by Confident Nutrition, whether made by Confident Nutrition personnel or your personal doctor or other health care provider. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information. The law requires us to:

- make sure that protected health information that identifies you is kept private
- notify you about how we protect protected health information about you
- explain how, when and why we use and disclose protected health information
- follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- posting the revised Notice in our office
- making copies of the revised Notice available upon request
- posting the revised Notice on our website.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information without your written authorization.

For Treatment: We may use protected health information about you to provide you with, coordinate or manage your medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. Confident Nutrition staff may also share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to people outside Confident Nutrition's office who may be involved in your medical care. We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at Confident Nutrition. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services.

For Payment for Services: We may use and disclose protected health information about you so that the treatment and services you receive at Confident Nutrition may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about nutrition services you received at Confident Nutrition so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose protected health information about you for Confidential Nutrition health care operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all of our patients receive quality care. We may also combine protected health information about many Confidential Nutrition patients to decide what additional services Confidential Nutrition should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Confidential Nutrition personnel for review and learning purposes. We may also combine the protected health information we have with protected health information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study healthcare and health care delivery without learning who the specific patients are. We may also contact you as part of a fundraising effort. Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at our facilities.

As Required By Law: We will disclose protected health information about you when required to do so by federal, state or local law.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Health Risks: We may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates: We may disclose information to business associates who perform services on our behalf (such as billing companies); however, we require them to appropriately safeguard your information. Public Health. As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, which may be necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement: We may release protected health information as required by law, or in response to an order

or warrant of a court, a subpoena, or an administrative request. We may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

Organ and Tissue Donation: If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Special Government Functions: If you are a member of the armed forces, we may release protected health information about you if it relates to military and veterans' activities. We may also release your protected health information for national security and intelligence purposes, protective services for the President, and medical suitability or determinations of the Department of State.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Correctional Institutions and Other Law Enforcement Custodial Situations: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.

Worker's Compensation: We may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Food and Drug Administration: We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES. Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose protected health information about you in the following circumstances:

- We may share with a family member, relative, friend, or other person identified by you protected health information directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition or death.
- We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to our contact person listed on page 1 of this Notice.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to Confident Nutrition. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend: If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to Confident Nutrition. In addition, you must provide a reason that supports your request. We will act on the/ your request for an amendment no later than 60 days after receiving the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the protected health information kept by Confident Nutrition
- Is not part of the information which you would be permitted to inspect and copy, or
- We believe is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you. To request this list or accounting of disclosures, you must submit your request in writing to Confident Nutrition. You may ask for disclosures made up to six years before your request (not including disclosures made before June 25, 2014). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or request by you, or that you authorized
- Occurring as a byproduct of permitted use and disclosures
- For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates
- As part of a limited data set of information that does not contain information identifying you

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described on pages 4-5. To request restrictions, you must make your request in writing to Confident Nutrition.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Confident Nutrition. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time by contacting Confident Nutrition.

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provide for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Confident Nutrition, or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence of the complaint or violation. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Acknowledgement Confirming Receipt of HIPAA Privacy Notice

I acknowledge I have received a copy of the HIPAA Privacy Notice. Please sign and date below.

Client Name*

First Name:

Last Name:

Legal first name

Date of Birth*

I acknowledge I have received a copy of the Telehealth Consent, Consent for Nutrition Services, and HIPAA Privacy Notice.*

Please select all that apply

☐ Yes

☐ I hereby agree to the document above.

Signature*

(This will require your client's signature)