

Live Smarter Nutrition & Wellness
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PATIENT CONSENT TO USE OF INTERNET-BASED COMMUNICATIONS

The Privacy Rule allows covered health care providers to share protected health information (PHI) electronically for treatment purposes, as long as they apply reasonable safeguards (administrative, technical, and physical) to protect the privacy of PHI when doing so. Live Smarter Nutrition & Wellness may choose to communicate electronically, including through e-mail. Live Smarter Nutrition & Wellness may also utilize internet-based telephone services, through which calls placed by and received to Live Smarter Nutrition & Wellness will be routed through and provided by various regulated and licensed partners. Live Smarter Nutrition & Wellness may also choose to utilize internet-based fax services. Reasonable safeguards will be provided when utilizing all of the above to avoid unintentional disclosures. You have the right under the Privacy Rule to request and have Live Smarter Nutrition & Wellness communicate with you by alternative means or at alternative locations, if reasonable.

I hereby consent to engaging in internet and/or internet-based telephone and/or fax communication with Lindsay R Schmitz, MS, RD, LDN, Live Smarter Nutrition & Wellness. I understand that internet-based communication may involve the communication of my health information, both orally and visually, to health care practitioners located in and outside of Pennsylvania. Specifically, these modes of service delivery involve the provision of data via email or telephonically, including the use of internet-based telephone services and, when applicable, internet-based fax. I understand that I have the following rights with respect to internet and/or telephone counseling:

1. I understand that I have the right to withhold or withdraw consent at any time. I also understand that I have the right under the Privacy Rule to request and have Live Smarter Nutrition & Wellness communicate with me by alternative means or at alternative locations, if reasonable.
2. I understand that there are risks and consequences from internet and/or telephone communication, including, but not limited to, the possibility, despite reasonable efforts on the part of my nutrition counselor, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my health care information could be interrupted by unauthorized persons; and/or the electronic storage of my health care information could be accessed by unauthorized persons.

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I have read and understand the information provided above. I have discussed it with my nutrition counselor, and all of my questions have been answered to my satisfaction.

Signature: _____

Name (printed): _____

Date: _____