

## COMPLETE PRIOR TO NUTRITION COUNSELING

### VIRTUAL NUTRITION COUNSELING

Independence Blue Cross is now covering telemedicine with your Villanova University Registered Dietitian by real-time two-way video communication.

By signing below, you agree to this alternative form of Nutrition Counseling.

Print your name: \_\_\_\_\_

Sign your name: \_\_\_\_\_ Date: \_\_\_\_\_

### AGREEMENT

I, \_\_\_\_\_ (type name) agree to allow MCNER to design a health program for me to enhance my health & fitness goals. I will follow that program to the best of my ability, and I will not hold Villanova University or MCNER liable for any problems, illnesses or injuries that might occur due to a sudden change in my eating habits. I understand that the use of telehealth applications potentially introduces privacy risks, but MCNER will follow all best practices related to the good faith provision of telehealth. I acknowledge that this program does not replace the expert advice or medical treatment of my own private doctor. I have given MCNER all necessary information about myself to prevent any possible complications.

Sign your name: \_\_\_\_\_  
(Electronic signature accepted)

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

### EMAIL COMMUNICATION ACKNOWLEDGEMENT

I, \_\_\_\_\_ understand that email is not a secure means of communication and give permission for the MCNER Dietitian to email me information.

Sign your name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Electronic signature accepted)