

**Firstfruits Nutrition  
Nutrition Counseling & Health Coaching**

**Acknowledgment of Virtual Session Policy**

I, \_\_\_\_\_, understand that video conferencing may not be a confidential method of communication unless done through a HIPAA compliant telehealth platform. I acknowledge that Zoom and FaceTime are not HIPAA compliant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Electronic Signature Agreement: Signatory must be 18 years of age or older, and agrees that this Agreement may be executed and delivered by electronic signatures and that the signatures appearing on this Agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.