**Roots & Rivers Naturopathic Medical Center**

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I understand that my health and wellness provider Roots & Rivers Naturopathic Medical Center may wish 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. My provider has explained to me how telehealth will be used to do such consultation and how else we will use telehealth to connect while working together, using the Healthie telehealth platform

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 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. 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.

. [Initials] I agree to the above.

**Name:**

Last First

**Parent/Guardian Name (if under 18):**

Last First

**Signature:**

**Date:**