

Short Consent Agreement – virtual Dietetic Consultations

By checking this box, I confirm that:

- ☐ I consent to receive **virtual dietetic services** from a Registered Dietitian in Ontario.
- ☐ I consent to the **collection, use, and secure storage** of my personal health information on **Practice Better**, a platform compliant with PHIPA and PIPEDA.
- ☐ I understand that my information will only be shared with other healthcare providers **with my consent** or when required by law (e.g., risk of harm, child protection, or court order).
- ☐ I acknowledge that virtual dietetic consultations have limitations, including the inability to perform physical assessments or measurements, and if deemed necessary I will be referred to an appropriate healthcare provider for an in-person examination.
- ☐ I understand that I may **withdraw or refuse consent** for treatment or information sharing at any time, without affecting the quality of care I receive.
- ☐ I acknowledge that while secure systems are used, electronic communication carries some inherent privacy risks.
- ☐ I confirm that I have read and understood the above and voluntarily consent to proceed.

[] I Agree

Client Name: _____

Signature: _____

Date: _____