



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: _____

INSURANCE INFORMATION

Provider: _____

ID number: _____

DOB: _____

AGREEMENT

I, _____ agree to allow COPE 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 COPE personally 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 COPE 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 COPE all necessary information about myself to prevent any possible complications.

Sign your name: _____

Date: _____