

**NOVA Headache and Chronic Pain Center**

**8993 Cotswold Drive**

**Burke, VA 22015**

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**TELEHEALTH INFORMATION DISCLOSURE STATEMENT**

I \_\_\_\_\_ hereby consent to engage in telehealth (e.g., internet or telephone based therapy) with the agents or assigns of NOVA Headache and Chronic Pain Center for the purposes of a functional medicine consultation.

In order to establish a doctor/patient relationship in a legal and formal sense, you must be seen physically in office and in person. If you do not see us in our office in person, there cannot, and will not, be a doctor/patient relationship between us and you. Instead, our communications with you will be considered for "*educational purposes*" only. We call these communications "**Telehealth/education services**". The service that we provide to you will consist of information and suggestions that are intended to assist you and your local primary health care provider in using natural and alternative means to support and optimize your health. Telehealth/education services are not intended to serve as a medical diagnosis or treatment of *any* kind nor to serve as a substitute for a doctor patient relationship. Our fees for telehealth/education services are the same as the fees that we charge for our telephone consultations and office visits. Please note that health insurance of any stripe: private, government, Medicaid, Medicare, Tricare, BC/BS and ALL others do NOT provide coverage for telehealth/education or preventative health services. You alone will be responsible for paying for all telehealth/education services fees yourself. We do not refund any amounts paid for telehealth/education services.

With my signature below, I affirm that I have been informed and advised of the nature and limitations of Telehealth/education services provided by NOVA Headache and Chronic Pain Center physicians and hereby agree to the tenets thereof.

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