Telemedicine Session Protocol

Dear [Client Name],

We are pleased to confirm your upcoming telemedicine session scheduled for [Date] at [Time]. Below are the details and protocols to ensure a smooth and effective experience:

Session Details

- **Date:** [Date]
- **Time:** [Time] [Time Zone]
- **Platform:** [Platform Name (e.g., Zoom, Doxy.me)]
- **Access Link:** [Access Link]

Protocol for Session

1. Please ensure you have a stable internet connection.
2. Join the session at least 5 minutes early to address any technical issues.
3. Make sure to be in a quiet and private area during the session.
4. Have your insurance information and any relevant medical records ready.
5. If you have any specific concerns or questions, please write them down in advance.

Cancellation Policy

If you need to cancel or reschedule, please notify us at least 24 hours in advance.

We look forward to your session and are here to ensure you receive the best care possible.

Sincerely,
[Your Name]
[Your Position]
[Your Contact Information]