

Telehealth Services Engagement

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to inform you that [Healthcare Provider's Name] offers telehealth services that enable you to access healthcare from the comfort of your home.

The purpose of this letter is to outline the terms of our engagement for these telehealth services:

Service Description

Our telehealth services include but are not limited to:

- Virtual consultations
- Follow-up appointments
- Prescription management

Appointment Scheduling

To schedule a telehealth appointment, please contact our office at [Phone Number] or visit our website at [Website URL].

Confidentiality

Your privacy is paramount. All telehealth sessions are conducted in a secure environment compliant with HIPAA regulations.

Consent

By utilizing our telehealth services, you consent to receive care via virtual consultations. If you have any questions about the process, do not hesitate to reach out.

Thank you for choosing [Healthcare Provider's Name] for your healthcare needs. We look forward to supporting your health journey through our telehealth services.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Contact Information]