



TELEHEALTH CONSENT FORM

TELEHEALTH SERVICES

Telehealth involves the use of electronic information and communication technologies to deliver health care services to patients who are located at a different site than the provider. This includes but is not limited to video conferencing, audio communication, and text messaging.

POTENTIAL BENEFITS

- Increased accessibility to care
- Reduced wait times
- Convenience

POTENTIAL RISKS

- Limited physical examination
- Technical issues, such as connection problems
- Security breaches

CONSENT

I understand the following:

- The laws protecting the confidentiality of medical information also apply to telehealth.
- I have the right to withhold or withdraw my consent to the use of telehealth services at any time.
- The care may not be as complete as a face-to-face service.
- I must take precautions to ensure the privacy of my environment during telehealth consultations.

I have read and understood the provided information regarding telehealth services, and all my questions have been answered to my satisfaction. I hereby give my informed consent to participate in telehealth consultations with the provider named below.

PATIENT SIGNATURE

DATE

GUARDIAN/REPRESENTATIVE SIGNATURE

RELATIONSHIP TO PATIENT

DATE

(If applicable)

PROVIDER INFORMATION

PROVIDER NAME

PROVIDER SIGNATURE

DATE