



Consent for Telehealth Treatment

Patient Name: _____ Patient DOB: _____

The purpose of this form is to obtain your consent to participate in a Telehealth consultation for various medical conditions/illnesses. Telehealth involves the use of electronic communications to enable health care providers to provide patient care through the means of live two-way audio and/or video:

- Details of patient’s medical history, examinations, x-rays, and tests will be discussed using interactive video, audio and telecommunications technology.
- Physical examination of the patient may take place.
- Video, audio, and/or digital photo may be recorded during the telemedicine consultation visit.
- Electronic communication may be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependence, etc.)
- A medical evaluation via telehealth may limit the healthcare provider’s ability to fully diagnose a condition or disease. The patient must agree to accept responsibility for following the healthcare provider’s recommendations—including further diagnostic testing, such as lab testing, a biopsy, or an in-office visit.

Medical Information and Records

- Information exchanged during the telehealth visit will be maintained by the doctors involved in the patient’s care.
- Medical records are governed by federal and state laws and do apply to telehealth appointments. This includes the patient’s right to access their own medical records (and copies of medical records).
- All electronic medical communications carry some level of risk. While the likelihood of risks associated with the use of telehealth in a secure environment is reduced, the risks are nonetheless real and important to understand. These risks include but are not limited to:
 - Electronic communication can to be forwarded, intercepted, or even changed without the patient’s knowledge and despite the healthcare provider taking all reasonable measures.
 - Electronic systems that are accessed by employers, friends, or others are not secure and should be avoided. It is important for the patient to use a secure network.
 - Despite reasonable efforts on the part of the healthcare provider, the transmission of medical information could be disrupted or distorted by technical failures.

I understand that electronic communication should never be used for emergency communications or urgent requests. Emergency communications should be made to the provider’s office or to the existing emergency 911 services in the community.

I certify that I have read and understand this agreement prior to my signature. I have had the opportunity to ask questions and receive answers to better understand the telehealth process.

Print Patient / Legal Representative Name: _____

Patient / Legal Representative Signature: _____

Legal Representative’s Relationship to Patient: _____

Date: _____