



# Telehealth Informed Consent

Based on American Telemedicine Association and adapted to local use

1. I understand that my healthcare provider offers an opportunity for me to engage in a telehealth (TH) consultation.
2. I understand that I have the right to withdraw my consent at any time
3. My healthcare provider has explained to me how the video conferencing technology will be used to effect such a consultation; it will not be the same as a direct patient/healthcare provider visit because I will not be in the same room as my health care provider.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the video conferencing connections are not adequate for the situation.
5. I understand that my healthcare information may be shared with other individuals involved in my care, for scheduling and billing purposes. Others may also be present during the consultation other than my health care provider to provide technical support. The above mentioned people will all maintain the confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask them to leave the room; and or (3) terminate the consultation at any time.
6. I have had the alternatives to a telehealth consultation explained to me.
7. I have had a direct conversation with my provider, during which I had the opportunity to ask questions regarding this way of communication. My questions have been answered, and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of TH encounter.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Printed name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

Date signed: \_\_\_\_\_