

Informed Consent Form for Telehealth Visits

This Informed Consent Form is intended to inform you about your rights and responsibilities when receiving medical care through telehealth communications.

What is Telehealth?

Telehealth involves the use of electronic communications to enable health care providers to provide services remotely. This may include consultation, diagnosis, treatment, and education through audio, video, or data communications.

Potential Benefits

- Increased access to medical care.
- Less travel time and expense.
- More efficient medical evaluations and management.

Potential Risks

- Information transmitted may be insufficient for diagnosis/treatment at times.
- Technical difficulties may interrupt or delay care.
- Security protocols could fail, risking unauthorized disclosure of information.

Your Rights

- You can withdraw consent and end telehealth sessions at any time.
- You may ask questions regarding telehealth procedures at any point.
- Alternative methods of care are available and you may request in-person care.

Confidentiality

Telehealth communications will be maintained according to strict privacy and confidentiality laws. All identifying data will be handled securely.

Consent

By signing below, you acknowledge you have read and understood this form, you have had the opportunity to ask questions, and you consent to telehealth services.

Patient Name

Signature

Date