

Virtual Visit Consent Form

This form is provided to receive your consent for participating in a telehealth (virtual) visit. Please review the information below and acknowledge your understanding and agreement.

What is a Virtual Visit?

A virtual visit allows you to meet with your healthcare provider remotely using audio and/or video technology, rather than meeting in person.

Potential Benefits

- Increased access to care from home or remote locations.
- Reduced travel time and waiting room exposure.
- Convenience and flexibility.

Potential Risks

- Technology failures or interruptions.
- Limited physical examination compared to in-person visits.
- Security/privacy risks related to use of online technology.

Confidentiality

All laws that protect the privacy and confidentiality of medical information also apply to virtual visits. Online platforms used for virtual visits meet applicable privacy and security requirements.

Consent & Agreement

- I understand the purpose, benefits, and risks of virtual visits.
- I may withdraw my consent and request an in-person visit at any time.
- All information shared will be documented in my medical record.

By signing below, I consent to participate in virtual healthcare visits.

Patient Name (Print):

Signature:

Date:

If you have any questions regarding this consent, please contact your healthcare provider.