

Telehealth Consent Form

This form is intended to provide information to you regarding telehealth services and to seek your consent for participation. Please read carefully.

What is Telehealth?

Telehealth involves the use of electronic communications (such as video calls, telephone, or messaging) to enable healthcare providers to connect with patients in different locations.

Potential Benefits

- Improved access to care by allowing remote consultations.
- Convenience and reduced travel time for patients.
- Continuity of care when in-person visits are not possible.

Potential Risks

- Technical difficulties (e.g., poor internet connection) may affect the session quality.
- Limitations to physical examination and assessment.
- Potential risks to confidentiality due to technology limitations.

Consent and Confidentiality

All information disclosed during a telehealth session is confidential as required by law. You will have the right to withdraw your consent to the use of telehealth at any time without affecting your right to future care or treatment.

Patient Acknowledgement

By signing below, you acknowledge that you understand the information provided and consent to participate in telehealth services.

Patient Name:

Signature:

Date:
