

Patient Name: _____ Date of Birth: _____ Date: _____

Informed Consent for Telehealth Services

Consent to Telehealth

I understand that checking the “agree” box or providing my signature in electronic format or any kind on this, or any other documents presented to me on this site, constitutes my legal signature. In checking the appropriate box or providing an electronic signature on a document, I am confirming that I understand and agree to the terms of that document.

Telehealth involves the use of electronic communications technologies to enable health care providers provide patient care remotely. The information may be used for diagnosis, treatment, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video and data communications
- Output data from medical devices and sound and video files
- Questionnaires

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Possible Benefits of Telehealth

- Easier access to medical care;
- Convenience;
- More time efficient medical evaluation and management

Possible Risks of Telehealth

As with any technology used in medical care, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- Information transmitted may not be sufficient to allow for appropriate medical decision making by the physician;
- Physician may not be able to provide medical treatment for your particular conditions remotely;
- Regulatory and other requirements may limit your physician’s ability to provide certain treatment options, including prescriptions;

- Delays in medical evaluation and treatment could occur due to deficiencies or failures in technology equipment;
- Security protocols could fail, resulting in privacy breaches of personal medical information;

I certify with my signature below, that I have read and understand this Informed Consent document. I have had an opportunity to any questions so that I understand this document in its entirety. I understand that I shall be provided with a hard copy of this Informed Consent upon request.

Patient Signature: _____

Date: _____