

Telehealth Services Consent Form

This consent form is intended to inform you about telehealth services and to obtain your consent to participate in remote healthcare consultations.

1. Purpose of Telehealth

Telehealth involves the use of electronic communications to enable healthcare providers to consult, diagnose, treat, and educate patients remotely.

2. Benefits & Risks

- Potential benefits include improved access to care, reduced travel, and greater convenience.
- Risks may include interruptions, unauthorized access, or technical difficulties.

3. Your Rights

- You may withhold or withdraw consent to telehealth at any time without affecting your right to future care.
- You may ask questions or request in-person care alternatives.

4. Confidentiality

All information disclosed in telehealth sessions is confidential and protected as described by law. Reasonable efforts will be made to ensure security.

5. Consent

I have read and understood the information provided above. My questions regarding telehealth have been answered. I voluntarily consent to the use of telehealth in my care.

Patient Name

Date of Birth

Provider Name

Patient Signature

Date

Provider Signature

Date