



## TELEHEALTH INFORMED CONSENT

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### 1. Nature of Telehealth

Telehealth involves the use of electronic communications to provide healthcare services remotely.

### 2. Benefits

- Increased access to care
- Convenience
- Reduced travel time

### 3. Risks

- Technical difficulties
- Limitations in physical examination
- Potential privacy risks

### 4. Confidentiality

All services are conducted in compliance with HIPAA to protect your privacy.

### 5. Patient Rights

- You may withdraw consent at any time
- You may request in-person care

### 6. Consent

I consent to receive telehealth services and understand the risks and benefits.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_