

### Telehealth Informed Consent Form

**DEFINITION:** The Health Resources and Services Administration ([HRSA](#)) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store- and-forward imaging, streaming media, and landline and wireless communications.

**NATURE OF TELEMEDICINE VISIT:** During the telemedicine visit, details of your medical history, examinations, imaging and/or testing may be discussed using interactive video, audio, and telecommunications technologies. Telemedicine visits may help limit the spread of contagious diseases.

I understand there are limitations with telemedicine visits, such as being able to conduct physical exams, which may limit my provider's ability to diagnose certain conditions.

I understand that a variety of alternative methods of medical care may be available to me and my healthcare professional has explained the alternatives to my satisfaction and I may choose to opt out of telemedicine in favor of another appropriate and available method at any time.

I understand that, as with any technology, telemedicine has technology limitations which may affect my provider's ability to fully complete a telemedicine visit. In the event of technology limitations, I understand my provider may need to end the telemedicine visit and discuss other treatment delivery options.

I, \_\_\_\_\_, agree to participate in a telemedicine visit and authorize the electronic transmission of my medical information and/or video conferencing session. By signing this form, I acknowledge I have read and fully understand the above information.

\_\_\_\_\_  
Patient Signature (or Signature of Person Completing Form if Not Patient\*)      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Relationship to patient:  Parent  Legal Guardian  Other: \_\_\_\_\_