**Telehealth Services Informed Consent   
Sample Job Aid**

**PURPOSE**

This job aid provides two examples of telehealth-specific informed consent. Whether services are in-person or virtual, providers must obtain consent from clients to treat them. According to the [Center for Connected Health Policy](https://www.cchpca.org/telehealth-policy/informed-consent), “In telehealth, informed consent is used to explain what telehealth is, lay out the expected benefits and possible risks associated with it to a patient, and explain security measures. It often requires a written form which needs to be signed by the patient and/or oral acknowledgement that is noted in the patient’s record.”

Providers can request additional sample telehealth informed consent forms by contacting their regional [Telehealth Resource Center](https://www.telehealthresourcecenter.org/), which provides education, training, and information to organizations and individuals who are providing “health care at a distance.”

**HOW TO USE**

The two samples of consent forms below can be used for a telehealth visit and signed electronically or through verbal acknowledgement. Title X agency staff can customize them to include their agency’s name, logo, and additional elements specific to informed consent.

**SAMPLE 1**  
**Telehealth Services Informed Consent**

**I understand that:**

* Video-conferencing technology will be used for my medical visit today, and that I will not be in the same room as my health care provider.
* Telehealth services may include: prescriptions, refills, education, diagnosis, and appointment scheduling.
* I will have access to my medical records in the same manner as if I had an in-person visit.
* My use of telehealth services is voluntary, and if I prefer to schedule an in-person visit I may do so without affecting my right to future care or treatment.
* Telehealth services with [INSERT AGENCY NAME] are only available during normal clinic/business hours.
* Telehealth services with [INSERT AGENCY NAME] are not intended to treat emergency medical conditions.
* If I need emergency medical care and/or medical care outside of normal clinic/business hours, it is my responsibility to seek care at an urgent care center or emergency department.
* I consent to telehealth services today, and I am located in the state where my provider is licensed.

**CONFIDENTIALITY AND DATA SECURITY**

**I understand that:**

* I will be informed of all parties who are present at the provider side of the telehealth visit.
* [INSERT AGENCY NAME] does not videotape or record any part of the telehealth consultation.
* All federal and state laws and regulations that protect privacy and confidentiality of medical information also apply to telehealth services.
* Electronic systems used for telehealth video-conferencing will comply with all federal and state laws and regulations that protect individual health care and imaging data, confidentiality of client identification, and include appropriate safeguards.

**IN CASE OF TECHNOLOGY FAILURE**

**I understand that:**

* During a telehealth visit we could encounter a technological failure.
* [INSERT AGENCY NAME] will inform me of the procedure to reconnect/resume services if technical difficulties arise and the video-conferencing connection is lost.
* If the session cannot be completed via online video-conferencing, [INSERT AGENCY NAME] will contact me by telephone to make an alternate plan for me to receive medical care.

***\*By signing this document, I hereby state that I have read, understood, and agree to the terms of this document.***

Your name (please print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*Adapted with permission from Maine Family Planning.*

**SAMPLE 2**  
**Permission for Telehealth Visits**

**What is telehealth?**

* Telehealth is a way to visit with a health care provider, such as your doctor or nurse practitioner.
* You can talk to your provider from any place, including your home. You don’t go to a clinic or hospital.

**How do I use telehealth?**

* You talk to your provider by phone, computer, or tablet.
* Sometimes, you use video, so you and your provider can see each other.

**How does telehealth help me?**

* You don’t have to go to a clinic or hospital to see your provider.
* You won’t risk getting sick from other people.

**Can telehealth be bad for me?**

* You and your provider won’t be in the same room, so it may feel different than an office visit.
* Your provider may make a mistake, because they cannot examine you as closely as at an office visit. (We don’t know if mistakes are more common with telehealth visits.)
* Your provider may decide you still need an office visit.
* Technical problems may interrupt or stop your visit before you are done.

**Will my telehealth visit be private?**

* We will not record visits with your provider.
* If people are close to you, they may hear something you did not want them to know. You should be in a private place, so other people cannot hear you.
* Your provider will tell you if someone else from their office can hear or see you.
* We use telehealth technology that is designed to protect your privacy.
* If you use the Internet for telehealth, use a network that is private and secure.
* There is a very small chance that someone could use technology to hear or see your telehealth visit.

**What if I want an office visit, not a telehealth visit?**

* For now, almost all visits are by telehealth. You cannot schedule an office visit now, unless it is for

[fill in].

**What if I try telehealth and don’t like it?**

* You can stop using telehealth any time, even during a telehealth visit.
* You can still get an office visit if you no longer want a telehealth visit. But until the office opens for all appointments, you will get an office visit only for one of the reasons listed above.
* If you decide you do not want to use telehealth again, call [INSERT AGENCY PHONE NUMBER] and say you want to stop.

**How much does a telehealth visit cost?**

* What you pay depends on your insurance.
* A telehealth visit will not cost any more than an office visit.

**Do I have to sign this document?**

* No. Only sign this document if you want to use telehealth.

**What does it mean if I sign this document?***If you sign this document, you agree that:*

* We talked about the information in this document.
* We answered all your questions.
* You want a telehealth visit.

Your name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*Adapted with permission from The Agency for Healthcare Research and Quality.*