

# Patient Consent Form for a Telehealth Consult/Video Visit

I, Click or tap here to enter text. have been provided with  
*Full Name of Patient*

information on Telehealth Consults/Video visits.

The information was provided in written form ☐

My health worker, nurse or doctor discussed this information with me verbally ☐

I understand the information that has been provided to me ☐

Including:

- I understand that a video visit is a choice ☐
- I was provided with an option for a face to face visit as well ☐
- I chose to do a video visit ☐

I was told about:

- Why my doctor thought video visits may benefit me ☐
- The video visit may help my health service provide better services to me ☐
- There may be some technical problems including video or sound difficulties ☐
- While the video system meets standards to protect my privacy and security, this is not a guarantee against someone hacking or tapping in, but this is a low risk. ☐
- My health service and the pharmacist may need to transfer files securely ☐

I can change my mind at any time and stop using video visits, including in the middle of a visit ☐

This will not make any difference to my right to ask for and receive healthcare. ☐

I agree to have video visits with

Click or tap here to enter text.

Name of Doctor, other health care provider or service

Click or tap here to enter text.

Patient Signature

Click or tap to enter a date.

Date