

# Telehealth Consent to Treat Form Sample

The **telehealth consent to treat form sample** is essential for obtaining patient approval for remote medical services. This document ensures patients understand the nature, benefits, and risks of telehealth consultations. Using a clear and concise consent form helps protect both providers and patients legally and ethically.

## Sample Telehealth Consent to Treat Form

Patient Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Consent to Telehealth Services

By signing this form, I acknowledge and consent to participate in telehealth services provided by my healthcare provider. I understand that:

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

The potential benefits include easier access to care and convenience.

There are potential risks with telehealth, including security breaches and technology limitations.

I may withdraw my consent for telehealth services at any time.

All applicable confidentiality protections apply to my telehealth consultation.

I have read and understand the information above and consent to receive telehealth services.

Signature

Patient Signature:

Date:

Submit Consent