

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