

General Consent Form for Telehealth Services

This **general consent form sample** for telehealth services ensures patients understand and agree to virtual medical consultations. It outlines the procedures, privacy measures, and patient responsibilities involved in telehealth appointments. Using this form helps providers maintain compliance and promote clear communication with patients.

Patient Information

Full Name:

Date of Birth:

Contact Number:

Email Address:

Consent to Telehealth Services

- Nature of Telehealth:** I understand that telehealth involves the use of electronic communications to enable healthcare providers at different locations to share my medical information for diagnosis, treatment, and follow-up.
- Confidentiality:** All federal and state laws that protect the privacy and confidentiality of medical information also apply to telehealth. Electronic systems will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data.
- Patient Rights:** I have the right to withdraw consent to telehealth at any time without affecting my right to future care or treatment.
- Risks & Limitations:** I understand that there are potential risks associated with the use of telehealth, including potential interruptions, unauthorized access, and technical difficulties.
- Patient Responsibilities:** I agree to provide accurate information and be present in a private location during my telehealth session, to the best of my ability.

Acceptance

I have read and understood the information above. I consent to participate in telehealth services.

Signature (type your name):

Date:

Submit