

# Telehealth Patient Communication Consent

This form provides information to help you decide whether to consent to receiving health care services via telehealth. Please read each section carefully.

## 1. Telehealth Overview

## 2. Potential Risks & Benefits

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## 3. Confidentiality & Privacy

## 4. Your Rights

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## 5. Consent

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

Patient Name:

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Signature:

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Date:

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