Patient Telehealth Privacy Preference Form

Patient Name

Date of Birth

Contact Email

Contact Phone

Telehealth Session Privacy Preferences

Please indicate your preferences regarding your telehealth sessions.

- [ ] I prefer sessions in a private location.
- [ ] I prefer audio-only sessions (no video).
- [ ] I consent to having my session recorded.
- [ ] I permit family members or caregivers to be present during my sessions.

Additional Privacy Requests

Patient Acknowledgement

Patient Signature

Date