

Telehealth STD Testing Consent Form

Patient Information

Full Name

Date of Birth

Phone Number

Email Address

Telehealth Consent

- ☐ I understand that STD testing will be performed via telehealth services.
- ☐ I acknowledge that my privacy will be protected and information kept confidential to the extent required by law.
- ☐ I have been informed about the risks, benefits, and alternatives to telehealth STD testing.

Testing Authorization

- ☐ I consent to the collection, testing, and disclosure of my samples for STD testing purposes.

Questions/Comments

If you have any questions or comments, please write them here:

Patient Signature

Signature

Date

