

Chronic Disease Management Telehealth Consent

Please review the following information regarding the use of telehealth for managing chronic diseases.

Purpose

What is Telehealth?

Benefits

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Risks & Limitations

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Confidentiality

My Rights

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Patient Name:

Date of Birth:

By signing below, I confirm that I have read and understand the above information and consent to participate in telehealth services for chronic disease management.

Signature:

Date:

