## Provided to Member sites as an example only

### {Enter Your Logo Here}

## Consent to Record a Telemedicine Session Containing

### Personal Health Information

# Part 1 (a): To be completed by the health care professional proposing recording of the session prior to the telemedicine consultation

I would like to request that the telemedicine session scheduled or pending for

Click here to ente (Patient Name)	er text. be:				
□ Audiotaped	□ Videotaped	$\Box$ Recorded/other device $\Box$ Photographed			
For the following purpose: (check all that apply)					
Clinical/Patier	nt Care Use				
🗆 Teaching					
🗆 Training					
Quality Improv	vement				
□ Other (identify	purpose) Click her	re to enter text.			
0	recording for Clin ecord at the consu	ical/Patient Care Use will become a part of th ulting site.			
Click here to ente	er text.	Click here to enter a date			

# (Consultant Name – please print) (Consultant Signature) (Date)

#### Upon completion, this section is sent to the consulting site for signature

## TO BE COMPLETED BY CONSULTING SITE

Name of Consulting Site: Click here to enter text.

#### Part 1(b): To be completed by Consulting site prior to the telemedicine consultation

I, the undersigned, consent to participation in a telemedicine session which will be recorded for the purpose noted on Part 1(a) of this form.

Click here to enter text. (Telemedicine Coordinator Name)	(Telemedicine Coordinator Signature)	Click here to enter a date. (Date)			
Participants if Applicable:					
Click here to enter text. (Other Participant Name)	(Other Participant Signature)	Click here to enter a date. (Date)			
Please state relationship to the patient: Click here to enter text.					
Click here to enter text. (Consultant Name – please print)	(Consultant Signature)	Click here to enter a date. (Date)			

Please state relationship to the patient: Click here to enter text.

#### Upon completion, this section is sent to the referring site for signature

### TO BE COMPLETED BY REFERRING SITE

## Part 1 (c): To be completed by the Referring site at the time of the telemedicine appointment

Patient or Substitute Decision-Maker Section (to be completed on day of session)

I, Click here to enter text. agree to have my telemedicine session or the (Patient or Substitute Decision-Maker's Name)

 

 Telemedicine session of
 Click here to enter text. to be: (Patient Name)

 Audio taped
 Videotaped
 Recorded/other device

for the purpose(s) described in Part 1 (a) of this form.

I understand the following:

- I am not required and am under no obligation to have my (or the) telemedicine session recorded.
- My care (or the care of the patient) will not be affected by my decision to record the telemedicine session.
- I have the right to ask that the recording be stopped at any time during my (or the patient's) session.
- I understand that the recording can become a part of my health record (or the health record of the patient) at the health care facility of the consulting site.

Click here to enter text. (Patient or Substitute's Name)

(Patient or Substitute's Signature)

\_ Click here to enter a date. (Date)

## TO BE COMPLETED BY REFERRING SITE

## Part 2: To be completed by the Referring site at the time of the telemedicine consultation

The Telemedicine Coordinator at the referring site verifies that Parts 1 (a), (b) and (c) of the consent have been completed.

The Telemedicine Coordinator signs the consent him/herself and has any participating referring site staff/clinicians sign the Participant sections of the consent form (if applicable).

#### Name of Referring Site: Click here to enter text.

I, the undersigned, consent to participation in a telemedicine session which will be recorded for the purpose noted on Part 1 (a) of this form.

Click here to enter text. (Telemedicine Coordinator)	(Telemedicine Coordinator Signature)	Click here to enter a date. (Date)
Participant(s) if applicable:		(Dule)
Click here to enter text. (Other Participants name)	(Other Participants Signature)	Click here to enter a date. (Date)
Please state relationship to the	e patient:	
Click here to enter text.		
Click here to enter text. (Other Participants name)	(Other Participants Signature)	Click here to enter a date. (Date)
Please state relationship to the	e patient:	
Click here to enter text.		
Click here to enter text. (Other Participants name)	(Other Participants Signature)	Click here to enter a date. (Date)

#### Please state relationship to the patient:

The completed and signed form, including Parts 1(a), (b) and (c) and Part 2, shall be returned to the referring site for inclusion in the patient health record (if for clinical/patient care use) or for retention and storage. The completed and signed form, including Parts 1(a), (b) and (c) and Part 2, shall be included in the patient health record (if for clinical/patient care use) or retained and stored at the consulting site for records purposes.