

{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 enter text. be:

(Patient Name)

Audiotaped Videotaped Recorded/other device Photographed

For the following purpose: (check all that apply)

Clinical/Patient Care Use

Teaching

Training

Quality Improvement

Other (identify purpose) Click here to enter text.

I agree that a recording for Clinical/Patient Care Use will become a part of the patient's health record at the consulting site.

Click here to enter text.

(Consultant Name – please print)

(Consultant Signature)

Click here to enter a date.

(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)

