

## Telehealth Consent Requirements

### Step 1: Informed Consent to Telehealth

1. I voluntarily request Texas Thyroid and Endocrine providers participate in my medical care through a Telehealth exam. I understand that, at my provider's discretion, I may need to be seen in person.
2. I understand that the Telehealth exam may be done telephonically, allowing Texas Thyroid and Endocrine providers to hear my voice, or through an interactive two-way device that allows a Texas Thyroid and Endocrine provider to hear my voice and see my image. The Texas Thyroid and Endocrine, however, will not have the opportunity to perform an in-person physical examination and must rely on information provided by me. For this reason, the Telehealth exam may not be equal to a face-to-face visit and the Texas Thyroid and Endocrine providers' recommendations and/or decisions may be based on factors not within their control, such as incomplete or inaccurate information provided by me or distortions of images that may results from electronic transmissions.
3. I understand that there are potential risks to using Telehealth technology, including service interruptions, interception, and technical difficulties. I understand, and it has been explained to me, that a variety of alternative methods of medical care may be available to me and that I may choose one or more of these at any time.
4. I understand that the disclosure of my medical information to Texas Thyroid and Endocrine providers will be by electronic transmission and may be compromised by failures of security safeguards or illegal and improper tampering despite the best efforts of Texas Thyroid and Endocrine to protect the confidentiality of this information.

Patient Name: \_\_\_\_\_

I certify by my signature below that I have fully read this form to the patient. The patient has verbalized understanding and authorized Texas Thyroid and Endocrine providers to proceed with a Telehealth exam.

WITNESS: \_\_\_\_\_ WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Step 2: Language for the provider at the beginning of the telehealth visit

I introduced and identified myself. I ensured the patient voluntarily consented to Telehealth and answered all questions regarding the exam and the Telehealth technology. I received verbal consent from the patient to proceed with this video and/or phone visit and made the patient aware that the same standard of care, confidentiality, and information security practices apply. I notified the patient of, and obtained verbal consent for, anyone other than myself present in the room.