

**Bi-State Primary Care Association  
Vermont Association of Hospitals and Health Systems  
Vermont Medical Society**

## **SAMPLE TELEHEALTH INFORMED CONSENT**

**Note to health care clinicians and practices:** This sample has been drafted to meet Vermont state law and regulatory requirements for telehealth consent. It is intended to be in plain language so patients understand the form and is based on the Agency for Healthcare Research and Quality template. While consent is not required by Vermont law during the COVID-19 Public Health Emergency, if not practicable, it is best practice to start incorporating this into your workflow. In addition, Medicare currently requires the patient to consent to receive certain services remotely (virtual check-ins and e-visits) at least once annually. Make sure to adapt this sample to accurately describe your practices.

For more information, see:

- Vermont State Law on telehealth informed consent, 18 VSA § 9361(c)(1): <https://legislature.vermont.gov/statutes/section/18/219/09361>
- Vermont Medicaid Rule for telehealth and consent: <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>
- Medicare: <https://www.cchpca.org/telehealth-policy/telehealth-and-medicare>

**This sample is designed to meet regulatory requirements as of December 2020 – consent requirements are subject to change at any time and are likely to change at the end of the COVID-19 Public Health Emergency. Please check if your practice needs to update your consent form and process at that time.**

**Disclaimer:** This is a sample form being provided for informational and educational purposes. It is not to be used as legal advice. If you have more detailed questions about implementing a consent process, consult with your practice’s or health facility’s attorney.

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### **Permission for Telehealth Visits**

#### **What is telehealth?**

- Telehealth is a way to meet with your healthcare providers without going into their office.

- You can talk to your provider from your home or any other place you want.

### **How do I use telehealth?**

- You talk to your provider by phone, computer, or tablet.
- For some visits, you can use video so you and your provider can see each other.

### **Who will my visit be with?**

- [Practice identify name and credentials of provider(s) giving the telehealth visit]

### **How does telehealth help me?**

- You don't have to leave your house to see your provider. It may save you travel time and cost.
- You won't risk getting sick from other people. This will protect you from Covid-19 and other illnesses.
- Types of visits this office may do with telehealth include: [give examples of services your practice provides over telehealth]

### **Can telehealth be bad for me?**

- You and your provider won't be in the same room, so it will feel different than an office visit.
- Your provider may not be able to examine you in the same way as at an office visit and cannot touch your body. We don't know if mistakes are more common with telehealth visits.
- After the telehealth visit, your provider may decide you still need a follow-up visit. We use telehealth when we think it will work for your condition, but we cannot guarantee that we can address all of your needs using telehealth. This may also mean you will pay for two visits.
- Technical problems may interrupt or stop your visit before you are done.

### **Will my telehealth visit be private?**

- We will not record sounds or video from your visits with your provider.
- If people are near you, they may hear something you did not want them to know. You should be in a private place, so other people cannot hear you and so you and your provider can hear each other.
- Your provider will tell you if someone else from their office can hear or see you.
- We use telehealth tools that are made to protect your privacy and meet federal law for keeping your information safe.
- If you use the Internet for telehealth, use a connection that is private and secure.
- There is a very small chance that someone could use technology to hear or see your telehealth visit.

#### **What if I want an office visit, not a telehealth visit?**

- You can tell our office if you want an appointment in the office not a telehealth visit.
- For now, because of COVID-19, our office may suggest telehealth for some visits. You may also have to wait longer for an appointment in the office. [Adapt to your office practice/add more detail here if there are some visits that can only be over telehealth, if it is always patient choice, etc]

#### **What if I try telehealth and don't like it?**

- You can stop using telehealth any time, even during a telehealth visit. You may still have to pay for the visit.
- You can still get an office visit if you no longer want a telehealth visit but you may have to wait for an appointment.
- If you decide you do not want to use telehealth:
  - Tell your provider during the telehealth visit
  - call XXX-XXX-XXXX and say you want to stop, **OR**
  - sign into your patient portal and [add instructions here.]
  - It will be as if you never agreed to this form.

**How much does a telehealth visit cost?**

- What you pay depends on your insurance and the types of services being provided.
- A telehealth visit will not cost any more than an office visit but it may cost the same.
- If your provider decides you also need an office visit, you may have to pay for both visits.

**Do I have to agree to this document?**

No. Only agree to this document if you want to use telehealth.

**Do not sign this form until you start your first telehealth visit.** Your provider will discuss it with you.

**What does it mean if I agree to this document?**

If you agree to this document, you are saying that:

- We talked about the information in this document.
- We answered your questions.
- You want a telehealth visit.

We may ask you to sign a paper copy of this document or we may talk about this with you before or during your first telehealth visit and ask if you agree. [Adapt to when/how your office obtains consent]

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Your name (please print)

Date

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Your signature

Date