

SAMPLE PATIENT CONSENT FOR A TELEPREP VISIT

Objective: Please check with your legal department to have any consent form approved before using it in your clinic. This is an example of what a consent for can look like for TelePrEP.

I have been asked to participate in a TelePrEP visit that is under the direction of my provider. The purpose of this TelePrEP visit is to evaluate my medical condition through a two-way interactive audio/video connection between myself and my healthcare provider. The evaluation of my medical condition may include a physical assessment, cognitive assessments, emotional assessments, or multiple therapeutic assessments, as deemed necessary.

I understand the following:

1. Details of my medical history may be discussed or shared with providers prior to the examination. I may request that the examination be discontinued at any time. The evaluation and results of the evaluation will be strictly confidential and I will need to give my express consent to forward client-identifiable information to a third party. If I refuse the delivery of healthcare services via telemedicine at anytime, this will not affect my right to future care or treatment and I risk no loss or withdrawal of any program benefits to which I would otherwise be entitled to. I shall have access to all medical information resulting from the TelePrEP service as provided by applicable laws.
2. The provider I see will determine whether or not the condition being diagnosed and/or treated is appropriate for a TelePrEP encounter. Alternative method(s) of medical care may be available to me and I can choose them at anytime.
3. There are potential problems with the use of this technology. These include but are not limited to:
 - Interruption or disconnection of the audio/video link.
 - An unclear picture or image and unclear dialogue.

If any of these problems occur, the visit might need to be stopped and alternative arrangements made for my follow up care. I agree to hold harmless **** Your Organization*** for any information lost due to technical failures.

4. The ***Your organization's TelePrEP platform**** uses a high level of security and is HIPAA compliant. The security measures taken include encrypting all data, password protected access to data and other files. In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information. I will be given access to this platform through a password protected encrypted log-on. If I compromise the password (eg. give to a third party) I could place my data at risk for being compromised. Additionally, I need to work with my provider to address any privacy issues or concerns where I am physically located during the evaluation such as others in the room.
5. The TelePrEP process and evaluation has been explained to me.
6. If I have any questions before, during, or after the visit I can contact my provider.

I certify this form has been fully explained to me. I have read it or have had it read to me, and I understand its contents. I agree to participate in the TelePrEP visit offered by my healthcare provider, and I consent to receive TelePrEP care and consultation via telemedicine.

Patient Signature

Date