



## Video/Telehealth Visit Consent Form

**Please review this consent carefully before using these services.**

**What is telehealth:** Telehealth is a way to visit with healthcare providers, such as your doctor or nurse practitioner outside of the clinic setting. You can talk to your provider from most any place in Oregon, including your home. We are unable to perform video visits if you are currently admitted to a hospital.

**Medical Consent:** I consent as the patient or guardian of the patient to the medical treatment rendered to myself or the patient during this video visit under the instructions of the attending provider. I understand I will be on video during this visit and a photo may be taken during my visit for documentation of my medical condition or treatment for quality review or safety reasons.

**Financial:** What you pay depends on your insurance. A telehealth visit costs no more than an office visit, however if your provider decides you need an in person office visit, you may have to pay for both visits.

**Patient Rights and Responsibilities:** By signing this document I acknowledge my consent to treatment for myself (or patient) and financial responsibility. I understand I have the option of seeing a provider in person, if I so choose.

\_\_\_\_\_  
Patient Name (First and Last)

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Signature of Patient or Patient Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Email Address

\_\_\_\_\_  
Patient Phone Number