

Patient Consent for Telehealth Clinical Consultations

Telehealth uses audio and video technology to connect you to the GPS2 Specialist. This reduces the need for you to travel long distances and provides you timely access to the GPS2 Specialist service. However, you need to be aware of the benefits and also any issues with this consultation process. Your General Practitioner can answer any questions you may have. Please ensure you are fully informed and satisfied with this approach before signing this Consent Form.

I _____ (patient name) agree to participate in a Telehealth clinical consultation and understand that my General Practitioner and/or a support person may be in attendance for this.

In addition, I understand and agree that:

- > Participation in a Telehealth clinical consultation is voluntary and I have the option of a face- to-face consultation.
- > If I choose a face-to-face consultation, I will need to travel to the GPS2 Specialists rooms.
- > I may withdraw from the Telehealth consultation at any time.
- > A physical examination (where relevant and helpful) may take place by your GP or the qualified nurse practitioner in attendance. You may withdraw from this examination at any time.
- > If you, your GP or the GPS2 Specialist have any concerns about the effectiveness of the session, a face-to-face consultation can be offered as soon as possible, however this may mean travelling to the Specialist.
- > Your rights to confidentiality and privacy will be respected.
- > This will NOT be any audio or video recording or photographing of the session by the GPS2 service and we do NOT accept any such recording or photographing by you, your medical providers or any other persons involved.
- > Delays may occur due to any failures of the electronic equipment.
- > The audio/video technology used will meet recommended standards to protect your privacy and security. However, we cannot guarantee total protection against hacking into the video sessions by outsiders. The risk is small, but it does exist.

By signing this form you acknowledge that you have read and understood (or have been explained) the information in this form and that you give consent to participate in a GPS2 Telehealth Clinical Consultation.

Patient Signature _____

Date _____