



WAKE FOREST UNIVERSITY

Deacon Health

WFU Deacon Health Consent for Telehealth Services

This Consent for Telehealth contains important information about delivering clinical services using audio and video through the phone or the internet. Please read this carefully and contact your provider (by calling 336-758-5218) if you have any questions. This Consent is in addition to, and does not replace, the Consent for Treatment at WFU Deacon Health received from each student at matriculation to Wake Forest University.

Benefits and Risks of Telehealth

Telehealth refers to providing services remotely using telecommunications technologies, such as video conferencing or telephone. This enables the patient and clinician to engage in services while in separate physical locations. There are important differences between in-person sessions and telehealth, and some risks.

- Risks to confidentiality. Because telehealth sessions take place outside of the provider's office, there is potential for other people to overhear or view sessions. WFU Deacon Health will take reasonable steps to ensure your privacy, and you are responsible to find a private place for the session where you will not be interrupted and have your desired level of privacy.
- Issues related to technology. There are many ways that technology issues could impact a telehealth session. For example, technology may stop working during a session, other people could access our private conversation, or stored data could be accessed by unauthorized people or companies.
- Limitations on care. Your WFU Student Health Service provider will not be able to conduct a direct physical exam through telehealth. This may limit the provider's ability to diagnose and treat some types of conditions.

Information about Telehealth

If you need to reschedule your session, please call Deacon Health in advance at 336-758-5218. If your provider does not connect with you within 5 minutes of your appointment time, please call this same number to report this to Deacon Health staff.

You will need a device with a webcam and microphone for video sessions, and it is your responsibility to obtain the necessary technology. We strongly suggest that you engage in video conferencing sessions through a computer or device that you know is secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network). Use of videoconferencing and telehealth is completely voluntary. WFU Deacon Health will not record these sessions, and patients are prohibited from recording these sessions as well.

You understand that telehealth services may be terminated at any time by you or WFU Deacon Health if this service is determined to be an inappropriate mode of providing care. Telehealth services may also be unavailable if there are technical issues.

Any internet-based communication is not 100% guaranteed to be secure/confidential. Technical problems could occur. If the telehealth session is disrupted or experiences a technical issue, both you and your WFU Deacon Health provider will attempt to rejoin or start the session within ten minutes. If reconnection or an initial connection cannot be established, the session may be rescheduled.

In a crisis or emergency situation that needs immediate attention, or if you are considering harming yourself or someone else, you should dial 911 or go to a hospital Emergency Department.

Patient Consent to Telehealth:

I have been informed of and understand the risks involved with using videoconferencing and other telehealth technology. I agree to the terms listed above and I hereby voluntarily consent to the use of video or other telehealth services with my provider with full understanding of the risks listed above, and I agree that WFU Deacon Health will not be held liable for any of the limitations of telehealth visits described above.

This consent will last for the duration of my relationship with WFU Deacon Health unless I withdraw my consent for telehealth visits. A written request to withdraw my consent for a telehealth session may be sent to WFU Deacon Health at any time, and WFU Deacon Health will work with me to find a suitable alternative.

Patient Name: _____ WFU ID#: _____

Signature of Patient: _____ Date: _____

If someone other than the patient has signed, state name of patient representative and relationship to patient _____

NOTE: Consent to Telehealth may be obtained verbally by reviewing the full content of this form with the patient verbally and documenting that the patient understood the information and gave verbal consent to telehealth service.