Consent for Telehealth

1. I agree to take part in a PASRR Evaluation interview via telehealth. I understand that:
	1. I have the right to talk to a provider in-person. I have the right to talk to a provider face-to-face. I have the right to talk to a provider remotely.
	2. Telehealth is optional. I can change my mind at any time. This will not affect my ability to receive covered services.
	3. Remote visits have risks compared to in-person. For example:
		1. A provider may not be able to examine me as well as they could in person.
		2. Remote visits are via the Internet. Technical issues can affect the quality of care. This can include poor audio quality.
		3. Sending my data over the internet has risks. There is a chance of unauthorized access to a remote visit. This may happen during or after a visit.
		4. A remote visit can lack personal touch. I may communicate better with my provider face-to-face.
2. I have read this document carefully. I understand the limitations and risks of telehealth services.

Your name (please print) Date

Your signature Date