

Dear [Patient Name],

This is a reminder of your upcoming telehealth appointment with [Provider Name].

Appointment Details:

Date: [Date]

Time: [Time]

Platform/Link: [Insert Link or Meeting ID]

Telehealth Informed Consent

By joining this scheduled video or phone session, you consent to receive healthcare services via telehealth technology. Please review the following points:

- **Nature of Telehealth:** Telehealth involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical data for the purpose of improving patient care.
- **Privacy and Security:** We use HIPAA-compliant platforms to ensure your information is encrypted. However, you are responsible for ensuring you are in a private location during the call.
- **Potential Risks:** As with any technology, there is a risk of technical interruptions or equipment failure. If the connection is lost, your provider will attempt to contact you via [Alternative Phone Number].
- **Right to Withdraw:** You have the right to withhold or withdraw your consent to telehealth at any time and request an in-person visit.
- **Emergency Protocol:** Telehealth is not for emergencies. If you are experiencing a medical or mental health emergency, please call 911 or go to the nearest emergency room.

Confirmation:

By clicking the appointment link and attending the session, you acknowledge that you have read, understood, and agreed to the terms of this Telehealth Informed Consent.

If you have any questions or need to reschedule, please contact our office at [Phone Number].

Sincerely,

[Clinic/Practice Name]

[Contact Information]