



Consent to Participate in a Telemedicine Consultation Checklist

Information Categories	Initials	Comments
Orientation Client shown the telemedicine location, equipment, and staff. Explain sound delay.		
Confidentiality/Privacy Assure client that no other parties are watching consultation.		
Video Taping Assure client that the session is not being videotaped and does not have the capability to videotape.		
Contingency Management a) Care provider may determine the need for an in-person assessment. b) Client has right to refuse to participate and right to decline the service at any time.		
Opportunity for questions and feedback		
Consent Client or substitute decision maker consents to participate in telemedicine consultation.		

Staff Signature: _____

Date: _____

Client Signature: _____

Date: _____

Checklist Rationale

- Provide orientation to the telemedicine location, equipment, and staff.
 - Introduce client to care provider(s) at remote end.
 - Explain equipment – camera movement, microphone, PIP
 - Communication Issues
 - Sound delay
 - Waiting your turn to speak
 - Normal speaking voice
- Confidentiality/Privacy
 - Assure client no other parties watching consultation.
 - All participants to be 'on camera' at least initially.
 - Videoconference is real time and not recorded.
- Video Taping
 - Explain to client 'real time' nature of telemedicine video conferencing.
 - Assure client that sessions are not taped and do not have the capability to tape.
- Contingency Management
 - Care provider may determine the need for an in-person assessment.
 - Right to refuse to participate and right to decline the service at any time
 - Technology failure / contingency planning
 - Inform client of contingency planning on an as-needed basis.
- Opportunity for questions and feedback
 - Ask client if they have any questions about the TM event.
- Client or SDM consents to participate in telemedicine consultation