

Seeking Consent for Telehealth

ACRRM Advice on Consent for Video Consultations

Video consultations are still new to most patients, so all patients should be given the ACRRM Telehealth Patient Information Sheet or other clear explanation, and then asked for their consent.

This consent could be either verbal or written; if you wish to take written consent a form has been provided overleaf for your use.

If the video consultation is not recorded, then verbal consent is usually adequate. ACRRM recommends that if you record any aspect of a video consultation (including taking still images) that you obtain written consent. An additional section at the bottom of the Consent Form is provided for this.

Our rationale for this advice is based on these principles:

The 3 Principles of Informed Consent

1. **The patient needs to be given the information.**
2. **The patient needs to understand the information.** This means that the information has to be at a suitable level for understanding, and that the patient should have time to read it, and/or the opportunity to speak with an appropriate person.
3. **The patient needs to make a choice.** This choice can be revisited by the patient at any time.

Types of Consent

Written: to be used where there are significant risks, such as operations and procedures. If the risk is very high, it may also be appropriate to give the patient a test to make sure they have genuinely understood the information.

Verbal: to be used for low risk situations, such as unrecorded video consultations.

Implied: to be used in routine situations which are already well understood by patients, such as a standard visit to a doctor.

Almost everyone knows this will involve a history, possibly a physical examination, and that the doctor will keep notes, including exchanging information with specialists and test providers. Therefore the patient is not formally asked if they agree to these things.

However, the health care provider needs to be alert for individual patients that do not have this general understanding, for cultural or other reasons, and then move to actively seek consent.

Waiver of consent: see the [ARTS framework](#) for the in-principle understanding that there are circumstances where preservation of life or health takes priority over the usual consent process.

Content of Informed Consent

Consent should cover these areas:

- 📍 possible risks
- 📍 possible benefits
- 📍 safeguards
- 📍 alternatives

Video Consultation Informed Consent Form

The benefits of having a video consultation can be:

- e Reducing the waiting time to see a specialist or other distant service
- e Avoiding your need to travel to the specialist or distant service
- e Assisting your local health service to better look after you

I know that I might not get all these benefits.

The risks of having a video consultation can be:

- e A video consultation will not be exactly the same, and may not be as complete as a face-to-face service.
- e There could be some technical problems that affect the video visit.
- e This health care service uses systems that meet recommended standards to protect the privacy and security of the video visits. However, the service cannot guarantee total protection against hacking or tapping into the video visit by outsiders. This risk is small, but it does exist.

If the video visit does not achieve everything that is needed, then I will be given a choice about what to do next. This could include a follow up face-to-face visit, or a second video visit.

I can change my mind and stop using video consultations at any time, including in the middle of a video visit. This will not make any difference to my right to ask for and receive health care.

I agree to have video consultations with _____
(name of doctor, other health care provider, or service)

Name of Patient _____

Signature of Patient _____

Date _____

Additional Consent for Recording Video or Images

I agree to have this video consultation recorded, or to have photographs taken. This material will be sent and stored securely and only used to benefit my health care.

I have the right to see the video or images, and to receive a copy for a reasonable fee. I understand that the service cannot guarantee total protection against hacking or tapping into the recording by outsiders.

Signature of Patient _____