



## Consent for Tele-Health Services

I hereby consent for Tele-Health Services at Helen Hayes Hospital as described below.

By providing this consent, I understand that:

- Services will be delivered via secure video conference by a provider who will be located at a remote site.
- I have the right to be informed of all parties who will be present at the Tele-Health session.
- I agree to not photograph or record (either via audio or video) any part of the Tele-Health session.
- I have the right to not consent or withdraw from participation of Tele-Health services at any time.

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Patient Name

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Patient/Patient Representative Electronic Signature

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Date