

Group Televideo Visit Patient Consent Form

Patient verbally consents to understanding the following:

- If you need immediate care, you will call 911 or go to the nearest emergency room
- You have the right to withhold or withdraw consent to group telehealth visits at any time
- You have the same confidentiality rights for telehealth visits as you do for an in-person visit, however telehealth visits present new challenges where additional cautions should be followed, including:
 - Use a private and secure internet network for televideo visits
 - If group participants are not in a private space, others may overhear what you share with the group
 - There is a risk of participants recording or taking photos of the group visit and sharing this with others
 - If you do not remove your last name in your google account as instructed, your full name will be visible in the group visit
 - If you enter your full name when joining the visit from a non-gmail account, all participants will see your first and last name
 - There is a risk of someone joining the group visit who is not supposed to be there
- You should be aware that CHA is not monitoring patient email replies about group visits. Please **do not reply** to emails you receive related to your group visit. Instead, please use MyChart or call your clinic with any questions.

Patients under 18 must have a parent or guardian consent to the above.

Security protocols have been put in place to reduce the risk of sharing your name and email. In rare circumstances, these protocols may fail.