Centre intégré
de santé
et de services sociaux
des Laurentides

Québec



TELEHEALTH CONSENT FORM

Some types of care or services offered by the CISSS des Laurentides can be provided via telehealth.

- Telehealth, sometimes referred to as telemedicine, means that care or services are offered remotely, using information and communication technologies, for example, a computer, a tablet, an app or a cell phone.
- Telehealth is not designed to completely replace in-person care and services. It's an additional option that offers more possibilities for providing care and services.

I, the undersigned,				
(LAST NAME AN	ND FIRST NAME OF PATIENT OR HIS/HER LEG	AL REPRESENTAT	IVE)	
\Box Agree to use telehealth for the care and services required for my health condition.				
 ✓ I acknowledge that I have been informed and understand the benefits, risks and limitations of telehealth. ✓ I understand that it is possible to withdraw my consent at any time. Moreover, I can terminate my use of telehealth without it affecting my right to obtain health care and services in the future. 				
☐ IN THE PRESENCE OF THE PATIENT				
Name of patient or his/her representative	Signature		yyyy/mm/dd	
		I	ı	
Name of practitioner	Signature	Licence	yyyy/mm/dd	
□ REMOTELY AND VERBALLY				
As a physician, professional or practitioner, I confirm that I obtained the patient's verbal consent before using telehealth for his/her care and services.				
Name of practitioner	Signature	Licence	yyyy/mm/dd	

Last name: First name: File #:

SECTION TO BE COMPLETED BY THE PRACTITIONER ¹
Name of the department involved and management:
The telehealth service involves:
□ Virtual clinical meetings (teleconsultation, teleintervention, teleeducation) □ individual □ group
□ Communication with an institution in another region (e.g., teleexpertise, remote court appearance) or between more than one CISSS des Laurentides site (e.g., teleassistance, teleinterpretation).
Indicate the name of the remote institution or site:
☐ Use of a connected device (e.g., electronic stethoscope, connected oximetry, connected glucometer, connected ECG).
Indicate which one:
□ A telehealth activity in which the patient's physiological or clinical data are gathered and forwarded remotely (e.g., telemonitoring, telehomecare).
In order for the patient to give free and informed consent to the proposed telehealth care or service, the practitioner is responsible for informing the patient of the implications, risks, limitations and benefits of this modality. Before signing the consent form, the patient must have read the telehealth information leaflet for patients and the practitioner must have answered their questions as needed.
Other forms to complete:
☐ The document <i>Plan d'urgence pour rencontres virtuelles</i> (in French only), regarding an emergency plan for virtual meetings, must be completed with the patient, for all virtual clinical meetings (individual or group).
☐ The document Règles et conduites attendues pour le bon fonctionnement des rencontres cliniques virtuelles de groupe (in French only), regarding the rules and conduct for the proper functioning of virtual clinical meetings in a group, must also be completed with the patient (only for group meetings).
The term "practitioner" includes all health professionals, physicians and residents.