

# Virtual Care Consent Agreement

By signing this form, you agree to participate in virtual care services provided by our healthcare professionals. You understand that virtual care involves the use of electronic communications to enable healthcare services remotely and may not be the same as direct, in-person patient visits.

## Consent Details

- You have the right to withdraw your consent at any time.
- All virtual consultations will remain confidential and secure.
- Potential risks, such as technical failures, may exist with virtual care.

Full Name:

Date of Birth:

Signature:

Date:

☐ I have read and understand the Virtual Care Consent Agreement.

Submit