

# Video Health Visit Consent Form

I hereby consent to participate in a video health visit with my healthcare provider. I understand that this visit will use secure video technology and that my privacy will be protected to the extent possible.

- I understand the risks and benefits of video health visits.
- I know I can stop the visit at any time.
- I agree not to record the visit without permission.

Full Name:

Date:

☐ I have read and agree to the terms above.

Submit Consent