Real example: how I filled the telehealth consent form

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Recreated from my own filing, redacted. Bracketed values are placeholders. Get the current blank form from your EHR's template library (mine started from SimplePractice's) and the OHP telemedicine rule at https://www.simplepractice.com/.

What to notice

This is a client-facing form, not a payer form, and it is in this set because a CCO panel application asked for it. The first two parts are the stock telehealth consent most EHRs ship. The third part is mine: the care-coordination paragraph a telehealth-only provider needs under the OHP telemedicine rule, promising a referral to an in-person provider within ten business days when in-person care is clinically indicated or requested, and notice to the CCO when that happens.

Emergency instructions are here too. The Medicaid validation form's 24-hour coverage question was answered by pointing at this document.

Header

Practice	CUTI LLC
Provider	Eric Richers, Licensed Professional Counselor, CADC III
Contact	[phone], [email]

Consent for telehealth consultation

• I understand that my health care provider wishes me to engage in a telehealth consultation.

• My provider has explained how the video technology differs from an in-person visit, since we will not be in the same room.

• I understand the potential benefits: easier access to care and meeting from a location of my choosing.

• I understand the risks: interruptions, unauthorized access, and technical difficulties, and that either of us may end a session if the connection is not adequate.

• I have had a direct conversation with my provider, my questions have been answered, and the risks, benefits, and alternatives were discussed in a language I understand.

Consent to use the EHR's telehealth service

• The service is not an emergency service; in an emergency I will call 911.

• The software vendor provides no medical or health care advice; it only facilitates the video call.

• I will not rely on my provider having access to the vendor's technical information.

• I will not share my appointment link with anyone not authorized to attend.

Care coordination for in-person requirements (CCO members)

If in-person services are clinically indicated, requested by the member, or not offered by this practice, the provider will refer the member within ten business days to a local provider offering in-person services, and will inform the member's Coordinated Care Organization of the referral in accordance with the Oregon Health Authority telemedicine rule, so the CCO can provide care coordination.

Certification

• I have read this form, or had it read or explained to me.

• I understand its contents, including the risks and benefits.

• I may request in-person services at any time, and my provider may determine they are necessary; referrals will be provided if this practice cannot accommodate them.

• I have had the opportunity to ask questions, and they have been answered to my satisfaction.

Client signature / date	[signature] / [date]
Printed name	[client name]