# Consent Forms and Telehealth Visits

Consent forms can be signed by patients through DrChrono's telehealth feature.

**Uploading Consent Forms**

If you need to upload any consent forms, you can do so by going to **Patients** > **Consent Forms** and uploading the forms as PDF files so they can be read and signed by the patient.

**Adding Consent Forms Before Video Visits**

**Option 1**

You can add the consent forms to the visit by checking the **Assigned by Default** box under **Patients > Consent Forms** and clicking **Save**.



**Option 2**

You can also add a consent form to an appointment from the appointment window by clicking on the **Consent Form** menu, selecting the forms to add, and clicking **Save** or **Save & Close**.

## Option 3

You can add a consent form from the appointment window by attaching it to an Appointment Profile. Select the profile you would like to use and click **Save** or **Save & Close**
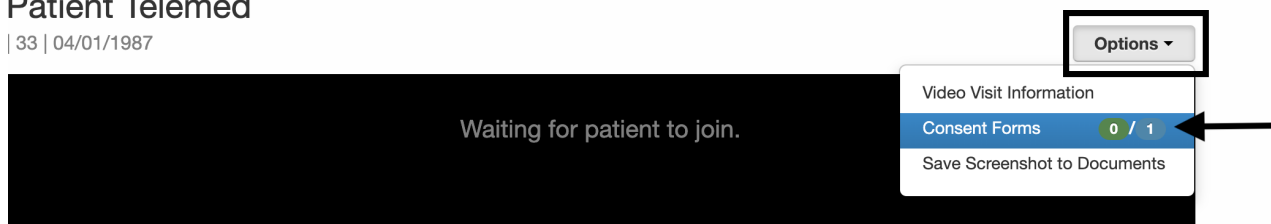


## Adding Consent Forms During a Video Visit

You can add a consent form during the video visit by selecting the **Options** menu and **Consent Forms**.

## Patient Telemed
| 33 | 04/01/1987

Options ▾

Waiting for patient to join.

Video Visit Information
Consent Forms            0 / 1
Save Screenshot to Documents

Choose the consent form you would like to use from the forms previously uploaded under **Patients** > **Consent Forms** and **Close**.

## Consent Forms                                                                ✕

Filter consent forms to add

No Show Policy ←

| Consent Form Name | Status | |
|---|---|---|
| HIPAA Data Use Agreement (default) | Not Signed | ✖ |
| Telehealth Consent | Not Signed | ✖ |

Close

**Signing Consent Forms with Telehealth for Patients**

After joining the video visit, the patient can sign consent forms by clicking on **Consent Forms** and selecting **Read & Sign**.

Consent Forms ←                                                   2 consent forms not signed

| | | |
|---|---|---|
| ☐ | Telehealth Consent | Read & Sign |
| ☐ | HIPAA Data Use Agreement | Read & Sign |
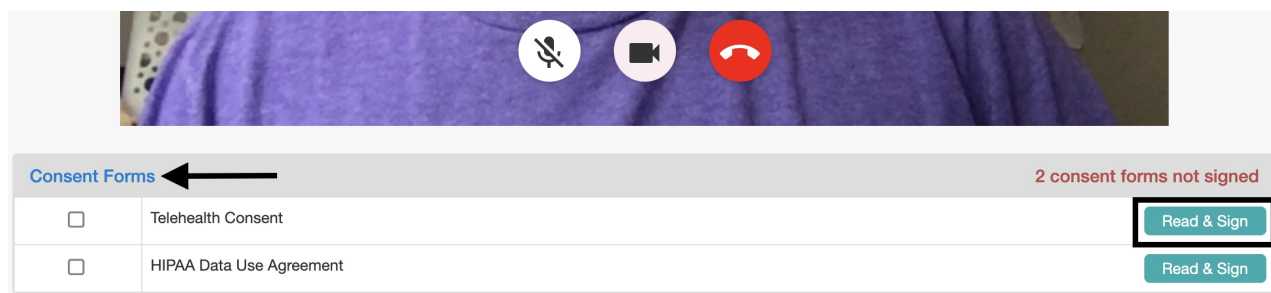
The document will open for the patient to add their signature. By clicking **Save Signature** the document will be signed and saved in the patient's chart under documents.

# HIPAA Data Use Agreement

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

**1. Uses and Disclosures of Protected Health Information**
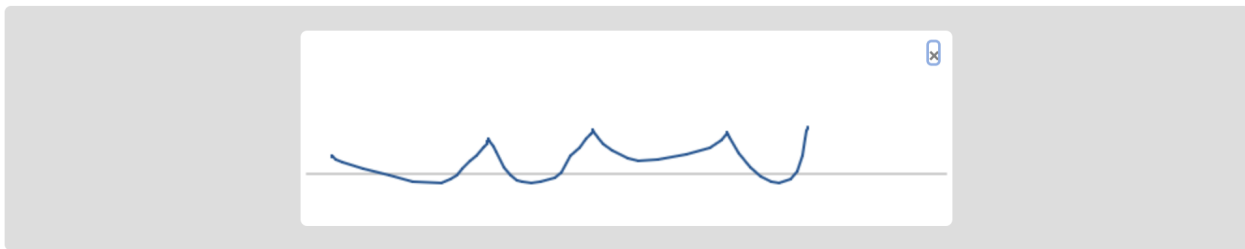
Sign in the box above and click on "Save signature"

✎ Save signature