

# Back-in-Action Telehealth Patient Consent Form

Patient Name: .....

Date of Birth: .....

1. **Purpose:** the purpose of this form is to obtain your consent to participate in a chiropractic telehealth consultation.
2. **Nature of telehealth consultation:** during the telemedicine consultation:
  - a. Details of your medical history, examinations, x-rays, and tests might be discussed through the use of interactive video, audio and telecommunication technology.
  - b. A physical examination of you may take place.
  - c. Video, audio and/or photo recordings may be taken of you during the procedure(s) or services.
3. **Medical information and records:** all existing laws regarding your access to medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telehealth interaction to researchers or other entities shall not occur without your consent.
4. **Confidentiality:** reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth consultation, and all existing confidentiality protections under GDPR apply to information disclosed this telehealth consultation.
5. **Security:** Back-in-action will use all reasonable means to protect the security and confidentiality of information centre received in this video appointment. However, because of the risks outlined below inherent in all electronic communications, the security and confidentiality of electronic communications cannot be guaranteed:
  - Use of electronic communications to discuss sensitive information can increase the risk of inadvertent disclosure of such information to 3rd parties.
  - Despite reasonable efforts to protect the privacy and security of electronic communications, it may not be possible to completely secure electronic information.
  - Employees of online services may have a legal right to inspect and keep electronic communications that pass through their system.
  - Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the participants.
6. **Rights:** you may withdraw or withhold consent to the telehealth consultation any time without affecting your right for future care or treatment.
7. **Disputes:** you agree that any dispute arising from the telehealth consultation will be resolved in the UK and UK law shall apply to all disputes.
8. **Risks, consequences and benefits:** you have been advised of all potential risk, consequences and benefits of telehealth. Your healthcare practitioner has discussed with you the information provided above. You've had the opportunity to ask questions about the information presented on this form and the telehealth consultation. All your questions have been answered and yet can you understand the written information provided above.

I understand and accept the risks associated with the use of electronic communications as outlined above.  
I agree to participate in a chiropractic telemedicine consultation.

Signature: .....

Date: .....

If signing on behalf of the client (Children under 16 etc):

Name: ..... Relationship To The Patient: .....



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