



**Oklahoma Joint  
Reconstruction Institute**  
**Paul B. Jacob, DO**

**INFORMED CONSENT FOR TELEHEALTH TREATMENT**

*Prior to your telehealth visit, please read the below consent for telehealth treatment.*

1. You retain the option to withhold or withdraw consent at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. The laws that protect the confidentiality of your medical information also apply to telehealth. The information disclosed by you during the course of your treatment is generally confidential.

**Exceptions to confidentiality laws include the requirements to:** *Protect you or the public from serious harm; report abuse or neglect of children, the elderly, or people with disabilities; and respond to an order from a court or other valid legal process such as a subpoena.*

3. There is a possibility that transmission of your medical information could be disrupted or distorted by technical failures; the transmission of your medical information could be interrupted by unauthorized persons; and/or misunderstandings between you and your provider can more easily occur.
4. Telehealth-based services and care may not yield the same results as a face-to-face service. If you or your provider believes you would be better served by face-to-face service, you may be referred to a provider in your area to receive such service.
5. There are potential risks associated with any form of mental or physical treatment for medical conditions, and despite your efforts and the efforts of your provider, your condition may not improve, and in some cases may even get worse.
6. The benefits of telehealth may include removing transportation and travel barriers, minimizing time constraints, and providing greater opportunity to prepare in advance for treatment sessions.
7. All existing laws regarding access to your medical information and copies of medical records apply.
8. You agree not to record or share the content of your telehealth visit.
9. You agree to conduct the visit in a private space without any unwanted attendee's present, or able to hear or see your visit, unless an alternative arrangement is agreed to by you and your provider.
10. If an unauthorized individual comes into the room during your visit, pause your phone call and restart only after they have left.

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Signature of Patient or Legal Representative

Print Name

Date

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Witness Signature

Print Name

Date

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Dr. Paul B. Jacob

Date