



Telehealth Informed Consent Protocol

Consent Requirements, Scripts, and Documentation

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1. Purpose

This protocol establishes requirements for obtaining and documenting informed consent for telehealth services at Sankofa Family Medicine (SFM), ensuring patients understand the nature, benefits, risks, and limitations of virtual care.

2. Legal and Regulatory Basis

- Washington State: Revised Code of Washington (RCW) 70.41.020; telemedicine standard of care equal to in-person
- South Carolina: South Carolina Code Section 40-47-37; informed consent required before telemedicine services
- Health Insurance Portability and Accountability Act (HIPAA): Privacy protections apply equally to telehealth
- Centers for Medicare and Medicaid Services (CMS): Consent documentation required for billing

3. Required Consent Elements

All telehealth consents must address:

3.1 Nature of Telehealth

- Definition: Real-time audio-video or audio-only communication between patient and provider
- Technology used: Video platform, phone, or secure messaging
- How the visit will be conducted

3.2 Benefits

- Improved access to care without travel
- Reduced exposure to illness in waiting rooms
- Convenience and flexibility
- Continuity of care

3.3 Risks and Limitations

- Technology failures may interrupt or prevent visit
- Limited physical examination capability
- Some conditions require in-person evaluation
- Electronic transmission risks despite encryption
- Delays in care if emergency arises during visit

3.4 Alternatives

- In-person visit at clinic or referred facility
- Urgent care or emergency department if needed
- No treatment (with explanation of risks)

3.5 Privacy and Confidentiality

- HIPAA protections apply to telehealth visits
- Video/audio not recorded without additional consent
- Patient responsible for privacy on their end
- Provider will disclose who else is present

3.6 Patient Rights

- Right to refuse telehealth and request in-person care
- Right to stop the visit at any time
- Right to ask questions before consenting
- Right to request a copy of consent

4. Consent Script (Video Telehealth)

READ TO PATIENT:

"Before we begin, I need to confirm your consent for this telehealth visit. You are receiving care through a live video connection. This visit is similar to an in-person visit, but I cannot physically examine you. If I determine that an in-person exam is needed, I will let you know. Benefits include convenient access to care from your location. Risks include possible technology interruptions and limitations in what I can assess without a physical exam. Your visit is private and protected by HIPAA. I am the only one present on my end [or state who else is present]. Please confirm you are in a private location where you can speak freely. You have the right to stop this visit at any time and request in-person care instead. Do you have any questions? Do you consent to proceed with this telehealth visit?"

5. Consent Methods

Method	When Used	Documentation
Written (Electronic)	Digital-first patients; portal/app onboarding	E-signature with timestamp and Internet Protocol (IP) address
Verbal	Phone-first patients; low-bandwidth; emergent situations	Chart note with script read, patient response, date/time; follow-up written confirmation within 24 hours
Written (Mail)	Patients without digital access; after verbal consent	Signed form returned by mail; scanned to chart

6. Documentation Requirements

Every telehealth encounter must document:

- Consent obtained: Yes/No
- Consent method: Written/Verbal
- Date and time of consent
- Who obtained consent
- Patient questions and answers provided
- If verbal: Attestation that script was read and patient agreed

7. Chart Macro for Verbal Consent

"Telehealth informed consent obtained verbally on [DATE] at [TIME]. Patient located in [STATE]. Risks, benefits, limitations, alternatives, privacy protections, and right to refuse discussed per SFM Telehealth Consent Protocol. Patient had opportunity to ask questions. Patient verbally consented to proceed. Written confirmation sent via [SMS/mail] on [DATE]."

8. Special Populations

8.1 Minors

- Parent or legal guardian must consent for patients under 18, except for services where Washington State law permits minors to consent independently (reproductive health age 13+, outpatient mental health age 13+, STI services age 14+, substance use disorder age 13+). For minor-consented services, see SFM Minor Consent and Assent Policy
- Document guardian name and relationship
- Emancipated minors may self-consent with documentation

8.2 Patients with Cognitive Impairment

- Assess capacity to consent
- If lacking capacity: Obtain consent from healthcare proxy or legal guardian
- Document capacity assessment and proxy information

8.3 Limited English Proficiency (LEP)

- Use qualified interpreter for consent discussion
- Provide consent form in patient's preferred language if available
- Document interpreter used

9. Consent Renewal

- Annual renewal: Re-obtain written or verbal consent annually
- Material change: Re-consent if significant change to telehealth services
- Patient request: Re-explain and document at any time upon request
- New modality: Separate consent for audio-only if previously video-only

10. Consent Withdrawal

- Patient may withdraw consent at any time
- Document withdrawal in chart
- Offer alternative care options (in-person, referral)
- Do not proceed with telehealth after withdrawal

11. Emergency Situations

If a medical emergency arises during a telehealth visit, consent for emergency intervention is implied. Document the emergency circumstances and actions taken. Consent discussion may be abbreviated or deferred in true emergencies.

12. Related Documents

- SFM Audio-Only Consent Addendum
- SFM Patient Onboarding SOP
- SFM HIPAA Privacy Policy
- SFM Red-Flag Tele-Triage Script