**Telehealth Consent Teach-back Documentation**

**Name of Patient:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Clinician:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Interpreter:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If patient does not speak English **very** well, use an interpreter)

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| --- | --- | --- | --- | --- |
|  | **Was the patient able to teach-back the information in their own words?** | | | |
|  | **1st attempt** | **2nd attempt** | **3rd attempt** | **4th attempt** |
| What telehealth is | Y  No | Y  No | Y  No | Y  No |
| How telehealth could help (benefits) | Y  No | Y  No | Y  No | Y  No |
| How telehealth could be bad (harms and risks) | Y  No | Y  No | Y  No | Y  No |
| Privacy of telehealth (risks) | Y  No | Y  No | Y  No | Y  No |
| Alternative of office visit (options) | Y  No | Y  No | Y  No | Y  No |
| Ability to withdraw consent (no penalty) | Y  No | Y  No | Y  No | Y  No |
| Cost | Y  No | Y  No | Y  No | Y  No |
| Obligation to sign (voluntariness) | Y  No | Y  No | Y  No | Y  No |