



## Scripts for Informed Consent to Virtual Care

### Purpose

While written consent is not required when using telephone or teleconferencing technology to interact with patients, patients should be informed about their options when switching from in-person to virtual care (VC). Express consent to VC should be solicited. Patients have the right to consider the pros and cons of VC and to request an alternate form of interaction within limits set by circumstance and resources. This script can facilitate conversations with patients or their proxies.

### Use Cases

- ✓ *Conversations with patient(s) and/or designated decision-makers (proxies) when health care interactions shift from usual to virtual care for a period of time.*
- ✓ *Patients may wish to minimize travel and request interaction with a clinician by means of telephone or teleconference.*
- ✓ *Virtual care assessments may be adequate, but not ideal, presenting both provider and patient with trade-offs associated with a health care intervention.*

### Arranging Virtual Care

- Clinic or office support staff scheduling a future virtual visit where it is already determined that health care needs can likely be met through interaction at a distance:

*A visit to the [CLINIC NAME] clinic with Dr. [PROVIDER NAME] has been arranged for you on [VISIT DATE/TIME].*

*You do not need to be physically present for this visit, which will focus on [VISIT PURPOSE]. If you choose to interact with Dr. [PROVIDER NAME] using [TELEPHONE/VIDEOCONFERENCE], you will be provided with instructions about how and when to start the appointment and how to make best use of the [TELEPHONE/VIDEOCONFERENCE]. The technology is secure, and your privacy is protected.*

*The use of [TELEPHONE/VIDEOCONFERENCE] may limit what you can share. For example, it may not be possible for Dr. [PROVIDER NAME] to assess important physical findings. You remain free to request a different visit type, including an in-person clinic visit when that becomes possible. You can also proceed with the virtual visit and follow-up with an in-person visit when circumstances allow.*

*If you have questions about your appointment, please contact [CLINIC NAME] via [CONTACT]. At this point, are you able and willing to proceed with the planned virtual visit?*



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### Starting a Virtual Visit

- Depending upon outpatient support staff availability, the provider or support staff may initiate a telephone or videoconference session, bringing in the provider when the patient and/or proxy is satisfactorily connected.

*[Confirm patient name, birthdate or other positive identification]*

*We are about to start your visit with Dr. [PROVIDER NAME] using [TELEPHONE/VIDEOCONFERENCE], allowing your healthcare to proceed at a distance.*

*The use of [TELEPHONE/VIDEOCONFERENCE] may limit what you can share. Are you able and willing to proceed with use of this technology to help explore your [HEALTH PROBLEM]? We can follow-up in person when circumstances allow.*

### Resources

- [Crib-Sheet: Documentation SmartText for Virtual Care](#)