

Patient Agreement (Consent) to Participate in Virtual Visits

What Clinicians Need to Know

Process for Virtual Care

What Information should be Provided to Patients about Virtual Care?

Virtual Care uses telephone, video, email, or secure messaging technology to provide clinical care. When offering a virtual visit (e.g., telephone or video), patients should be informed prior to the visit, about:

- The benefits and limitations of virtual visits;
- How to prepare for a virtual visit, and;
- That they can request in-person alternatives.

Virtual visit information can be provided to patients by any member of the healthcare team using a variety of supports (e.g., verbal, handout, email, mail). *Refer to the Virtual Health patient resource: [Learn about Virtual Visits for Healthcare](#).*

What do I Need to Obtain from the Patient?

Verbal Agreement to Proceed with the Virtual Visit using Technology

A patient's verbal agreement to the use of technology must be obtained to proceed with a virtual visit. This should be confirmed by the healthcare provider, at the time of the visit, who will be responsible for conducting and documenting the visit.

- It is not necessary to obtain verbal agreement for subsequent encounters in the same episode of care. This should be re-evaluated if there is a significant change in clinical or logistical circumstances. In all cases, healthcare providers should adhere to requirements of their professional college or regulatory body.

Confirm Patient Identity

At the beginning of the virtual visit, the identity of the patient must be validated using two or more patient identifiers, as per the [AHS Patient Identification Policy, PS-06](#).

What Should I Document?

Documentation of the virtual visit within the patient's clinical record should include the following:

- The patient was provided with information about virtual care and a virtual visit was offered;
- Verbal agreement to the virtual visit was obtained from the patient;
- The patient verified his/her identity at the beginning of the virtual visit using (provide patient identifiers utilized);
- OR;
- The patient was offered or began a virtual visit and subsequently refused the virtual visit and an alternate method of care was arranged.

NOTE: AHS and professional regulatory bodies have policies and published standards about informed consent to healthcare interventions that must be adhered to, independent of the mode of encounter. Virtual healthcare decision-making is not exempt from the [AHS Consent to Treatment/Procedure\(s\) Policy, PRR-01](#).

Script for Clinician Communication with Patients

This sample script may be customized to facilitate conversations with patients or their proxies.

Pre-appointment

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

I would like to share some information with you about virtual visits [PROVIDE VERBALLY OR SHARE RESOURCE WITH PATIENT].

Similar to in-person visits, it is important for you to be located in a safe, private, quiet space with your undivided attention focused on the virtual appointment (e.g. not driving, etc.).

Do you have any questions about this information? Would you like to proceed with the planned virtual visit?

If you have questions about your visit, please contact [CLINIC NAME] via [CONTACT].

Start of Appointment

Hello, my name is [CLINICIAN NAME, ROLE, and PURPOSE].

Can you please confirm your identity by providing me with [REQUEST 2 PATIENT IDENTIFIERS]?

Do you have any questions about the information you received regarding attending a virtual visit?

Are you located in a safe, private, quiet space where your attention can be focused on our conversation? [IF 'NO', PROVIDE SUGGESTIONS E.G., PARK VEHICLE IF DRIVING, MOVE TO A DIFFERENT ROOM IN YOUR HOME, CLOSE THE DOOR, ETC. IF THIS IS NOT POSSIBLE, RECOMMEND APPOINTMENT BE RESCHEDULED FOR ANOTHER TIME].

Are you driving? [IF 'YES', RECOMMEND APPOINTMENT BE RESCHEDULED FOR ANOTHER TIME].

Would you like to proceed with the virtual visit today?

If at any time you wish to end this virtual visit, please let me know and I will arrange an alternate appointment type for us to meet at another time.

In the event of an emergency during our visit today, what is the address of your physical location?

If technical issues should occur during our visit today, what is the best telephone number to contact you?

We are scheduled to meet today to [PROVIDE NATURE OF THE VISIT & INITIATE VISIT].

Documentation

[PATIENT NAME] was provided with information about virtual care and was offered a virtual visit using [TYPE OF TECHNOLOGY USED]. [PATIENT NAME] accepted the virtual visit.

[HEALTHCARE PROVIDER NAME] verified [PATIENT NAME] identity at the beginning of the virtual visit, using [INDICATE TWO IDENTIFIERS UTILIZED].