Telehealth Consent Form Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

A telehealth consent form documents that a client agreed to receive care by video or phone after learning the modality's risks, privacy limits, emergency procedures, and technology-failure backup plan. Clinicians obtain and document it before or at the first virtual session. Most US states require some form of telehealth consent by statute, regulation, or Medicaid policy, and documented verbal consent usually satisfies them.

Modality and platform name the technology
Do: name the service types offered (video; phone when appropriate) and the specific platform, plus when in-person care is still expected.
Pitfall: "video or phone" with no platform named; re-consent triggers when the technology materially changes, so name what you started with.

Risks and limits of telehealth behavioral health terms
Do: state the tradeoffs that matter in therapy: technology failure mid-session, reduced nonverbal cues, and situations that call for in-person care.
Pitfall: pasted telemedicine boilerplate about the missing physical exam, nothing on an interrupted session during intense work.

Privacy and the home setting both ends of the call
Do: cover what the practice does (encrypted platform, BAA, no recording) and what the client controls (private room, headphones, who is home).
Pitfall: a paragraph on encryption and silence about the client's room; household members overhearing is the more common privacy failure.

Identity and location verification every session
Do: commit both parties to a start-of-session routine: confirm identity, today's physical address, and that the client can speak privately.
Pitfall: treating location as intake data; a client quietly joining from another state puts the clinician outside licensure after the fact.

Emergency plan and local resources the client's geography
Do: record a contact who can physically reach the client, the client's local emergency number, and the nearest emergency department.
Pitfall: a plan that reads "call 911"; the clinician's 911 reaches dispatch near the clinician, not the client.

Technology-failure backup plan script it
Do: script who calls whom, on which number, after how many minutes, and what happens next: reschedule, phone, or emergency plan.
Pitfall: no ordering of steps; a dropped connection with a distressed client becomes an improvised and undocumentable judgment call.

Recording and AI tools separate consent
Do: state the default, no recording by either party, and that any recording or AI scribe processing needs its own separate consent.
Pitfall: stretching this consent over recording; it is a distinct consent under APA Standard 4.03, and some states add all-party recording law.

Right to refuse or withdraw named in state rules
Do: state that the client can decline telehealth, withdraw at any time, and ask about in-person alternatives without penalty.
Pitfall: framing telehealth as the only way to access the practice; the withdrawal right is a disclosure state rules name explicitly.

Licensure, consent statement, documentation the closing lines
Do: close with license number and state(s), the licensed-jurisdictions-only line, and the consent event: signed or verbal, by whom, on what date.
Pitfall: a filed signature with no documented consent event; California's standard is that consent, verbal or written, shall be documented.

Before the first session

- [ ] Consent event documented: who, how, what date
- [ ] Emergency contact named and aware; nearest ER on file
- [ ] Address confirmed at the start of every session
- [ ] Tech-failure plan ordered: who calls, number, minutes
- [ ] Licensure line covers client travel, notice required
- [ ] Recording and AI routed to separate consent

Drafting with AI

Give it your practice facts: platform, modalities, backup steps, emergency workflow, and the states or provinces you serve.

"Draft a telehealth consent: weekly video on our encrypted platform, phone backup, 5-minute callback rule, Colorado clients only, verbal consent documented at intake."

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

400 to 800 words	5 to 10 min to review	First session or before	Payers · auditors · boards
typical length	clinical team estimate	when it is obtained	who reads it later

Telehealth Consent Form

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client name: DOB:

Clinician and credentials: License # and state(s):

Practice phone: Portal/email:

Modality and platform

Services may be provided by: ☐ secure video ☐ phone (when clinically appropriate)

Platform:

Risks and limits

I understand telehealth carries risks, including technology failure, interruption, and reduced nonverbal cues, and that some situations may require in-person or local care instead.

Privacy

The practice uses an encrypted platform and does not record sessions. Privacy also depends on my own space and device. The standard limits of confidentiality still apply.

Each session

My clinician will confirm my identity, my physical location (address), and that I can speak privately before we begin.

Emergency plan

Emergency contact (name and phone):

Local emergency number: Nearest emergency department:

Local crisis line:

If technology fails

If the connection drops, my clinician will call me at:

Reconnect window (minutes): If reconnection fails, the plan is:

Recording

Neither party records sessions. Any recording or AI processing, including AI scribes, would require my separate written consent.

Location and licensure

Services are available while I am physically located in:

I will tell my clinician before joining from a different state, province, or country.

Agreement

I have had the chance to ask questions. I may decline or withdraw from telehealth at any time and ask about in-person options without penalty.

Consent given: ☐ written (signed below) ☐ verbal, documented in the record

Client or guardian signature: Date:

Clinician signature: Date: