Recommended Provider Scripts for Video Visits

Obtaining Consent Prior to a Visit

1. I want to confirm that you are familiar with the risks and benefits of video visits:
    a. Videoconferencing may be used to communicate potentially sensitive personal health information.
    b. Just like any other online technology, there is always a risk that security protocols fail and a privacy breach may happen.
    c. There may be potential delays in evaluation and treatment if the equipment and systems are not functioning as they should.
    d. **You may change your mind any time about using video visits and this would not affect your care or treatment.**
2. Are you ok that your personal information may be shared with applicable WCH staff to arrange training sessions on how to use video visits and to schedule the visit?
3. You should know that by agreeing to have a video visit, you also agree to the sharing of some of your personal health information to the Ontario Telehealth Network (OTN) so that I (the provider) can be paid for the services provided.

Confirmation of familiarity and all consent should be documented within the patient chart.

NOTE: If patient does not consent to any part of the terms the video visit cannot occur and this should be shared with the patient.

Starting a Video Visit

1. **Can you please show me your health card or government ID? I need to verify your identity.**
2. I want to confirm that you have consented to have your visit conducted via video and that you're familiar with the risks. Are you ok to proceed?
3. Are you in a private and secure place? Are you sure you won't be overheard?
4. **(If you have a learner or another care provider in the room with you)** I want to let you know that I'm joined today by (name and role of participants).
5. Is your video working ok? Can you see and hear me clearly?
6. If we get disconnected, you can reach the clinic at (clinic number) or by calling the hospital's main line at 416-323-6400 and following the prompts.