



## Virtual Patient Room 3.7 Telehealth Consent Information for Tribal Health Organization Staff Not on Shared Cerner and all Patients

**TELEHEALTH**  
www.afhcan.org

The State of Alaska now requires patients to consent in order to participate in video visits. This consent form needs to be completed annually.

Changes you will see when using a patient's VPR link (this applies when joining a call using a device such as an iPad, video cart, smartphone or through the Virtual Patient Room website):

**A. VIRTUAL PATIENT ROOM**  
Powered by AFHCAN  
Enter your last name:\*  
Last Name  
Enter your birthday:\*  
MM DD YYYY  
Join Call  
Download Zoom  
Thank you for using the Alaska Tribal Health System.  
release/v2.0-0.0.1

**B. VIRTUAL PATIENT ROOM**  
Powered by AFHCAN  
Are you the patient or individual allowed to give consent on behalf of the patient?  
Yes No  
Thank you for using the Alaska Tribal Health System.  
release/v2.0-0.0.1

**C. Permission for Telemedicine/Telecommunication Visits**  
This consent form covers visits with providers in the Alaska Tribal Health System.  
What is telemedicine/telecommunication?  
• Telemedicine is a way to visit with healthcare providers. You can talk to your provider from any place, including your home. Telemedicine care is often delivered by video. Your provider may also send information including images to another provider for recommendations. Sometimes you may be able to send information and images to your provider. In all cases, this will be done using telecommunications technology.  
• Providers may also speak to you over the telephone.  
Are there any risks with telemedicine/telecommunication?  
• You and your provider will not be in the same room, so it may feel different from an office visit.  
• Your provider may not be able to examine you as closely as during an office visit and may not be able to get all of the information they need. Your provider may still want you to come in for an office visit.  
• Technical problems may interrupt or stop your visit before you are done. In those cases, the provider or clinic will attempt to reach you by phone if you do not hear from them, please call the clinic.  
Will my telemedicine/telecommunication visit be private?  
• We will not record visits with your provider.  
• You are responsible for making sure you are in a private and safe place.  
• If you need or want others with you, please let us know so that we can help you and you have the right to refuse that.  
• Our technology and provider practices are secure and designed to protect your privacy.  
What if I try telemedicine/telecommunication and I do not like it?  
• You can stop at any time, even during a visit. In-person visits are always an option.  
What if I want to see my provider in-person?  
• Call your clinic to request an appointment for an in-person visit.  
Notice: If I have a question about I would like this consent before, I click this consent box.  
Submit  
Thank you for using the Alaska Tribal Health System.  
release/v2.0-0.0.1

**A.** The VPR link opens the Virtual Patient Room website. Patient last name and date of birth are required to advance to the next screen.

**B.** If “No”, the consent will be skipped and you will be placed in the waiting room.  
If “Yes”, the consent form will appear.

**C.** Allow the patient to read and submit the consent form. When completed, click “Submit”. Review and click “Finished” to be placed in the waiting room.

**Note:** Consent forms are good for one year. If no consent is on file, or consent was declined or rescinded, the patient will be asked at every visit if they would like to consent. If a current consent is already on file, or if the patient is 13-17 years old, they will not see the consent option. At any time, patients can change their mind and forms can be rescinded by notifying the Specialty Clinic.

**Note:** If using a Zoom meeting ID to join a VPR call, the consent option will not be available. Please use the Virtual Patient Room link for accessing the consent form.

Questions? **Tiger Text:** ANMC Telehealth Assistant **Email:** AKA-TELEHEALTHPS@anthc.org