



CANNABIS  
TREATMENT  
CLINIC

# Consent to Participate in Telemedicine (OTN) Consultation

Information Categories	Initials	Comments
<b>Orientation</b> Orient patient to the telemedicine location, equipment, and staff.		
<b>Confidentiality/Privacy</b> Assure patient that no other parties are watching consultation.		
<b>Video Taping</b> Assure patient that the session is not being videotaped.		
<b>Communication Issues</b> Explain sound delay.		
<b>Contingency Management</b> a) Care provider may determine the need for an in-person assessment. b) Patient has right to refuse to participate and right to decline the service at any time.		
<b>Opportunity for questions and feedback</b>		
<b>Consent</b> Patient or substitute decision maker verbally consents to participate in telemedicine consultation.		
<b>Follow up instructions</b>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forms can be sent via email or fax

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Any Questions

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