



JARED E WILLIAMS  
DDS

"Mobile General Dentist  
Offering Surgery and Implant Services"

## Informed Consent for Teledentistry

I have been advised and fully understand the information below and consent to receive treatment from Dr. Jared E. Williams and his team of professionals via telehealth Zoom video sessions.

- I consent to receive treatment from *Dr. Jared E. Williams and his team of professionals* via telehealth video sessions that use live, interactive, audiovisual communication technology.
- I understand that my participation in telehealth video sessions is purely voluntary, and I may discontinue a telehealth video session at any time without affecting my ability to receive future services from Dr. Jared E. Williams and his team of professionals.
- I understand that telehealth video sessions may be recorded for teaching or quality improvement purposes, but that I will be notified if a session is recorded.
- I understand there are risks and benefits involved in receiving treatment via a telehealth video session. The benefits include increased access to and availability of dental services. The potential risks include but are not limited to:
  - **Risks to confidentiality.** Because telehealth sessions take place outside of the provider's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. Dr. Jared E. Williams and his team of professionals will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for the session where you will not be interrupted. It is also important for you to protect the privacy of the session on your cell phone or other device. You should participate in telehealth services only while in a room or area where other people are not present and cannot overhear the conversation.
  - **Technology Risks.** The possibility that my telehealth video session could be interrupted by technical issues, such as delayed response time due to connectivity problems. Or the technology may stop working during the visit. Stored data could be accessed by unauthorized people or companies. Inadvertent disclosure of my health information, though data security measures have been put in place to ensure my health information remains confidential.
  - **Efficacy.** Most research shows that telehealth is about as effective as in-person services. However, some providers believe that something is lost by not being in the same room. For example, there is debate about a provider's ability to fully understand non-verbal communication (facial expressions, hand gestures, body postures) when working remotely.
- I understand that a telehealth video session may not be appropriate in all situations and that, in some instances; my provider may not be able to fully observe or assess the nature of my oral health condition.
- I understand that during a telehealth video session, my provider may determine that it would be more appropriate to be referred to our hospital affiliate.
- I understand that my provider will confirm my location and phone number at the beginning of the telehealth video session.
- I understand that observers may be part of the call, however, your participation is voluntary and verbal consent will be requested at the beginning of each appointment.

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Signature of Patient/Parent or Legal Guardian

Date

ANESTHESIA

ORAL SURGERY

IMPLANTOLOGY

COACHING

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