**Supplemental Digital Content 1:**

**Verbal consent script: Providers may read this script at the beginning of every telemedicine encounter**

Hello, my name is FIRST NAME, LAST NAME. I am a TYPE OF PROVIDER YOU ARE at HOSPITAL / PRACTICE. I am going to be seeing PATIENT FIRST NAME today.

• Can you tell me who is with PATIENT FIRST NAME today? What is your relationship with PATIENT FIRST NAME?

• Can you verify the patient’s full name?

• Can you verify the patient’s date of birth?

• What city and state are you calling from?

Before we begin, I need to review a few items. This video visit is encrypted for privacy and is not recorded. During this visit, I may determine it is best for your child to be seen in person for diagnosis or treatment. I am not able to schedule an in-person visit for you but I can provide you with the scheduling center number. You or your insurance provider will be billed for this visit. Typically, the cost is the same as an in-person visit. During this time we do not plan to balance bill families for co-pay or deductibles. Do I have your verbal consent to continue with the video visit?

**Supplemental Digital Content 2:**

**Consent documentation: Brief documentation of consent to include in a note for any telehealth visit**

This visit was provided to PATIENT NAME by a secure telehealth system. PATIENT and HIS/HER parent/guardian were appraised and agreed to have this service via telehealth. They are aware of their right to refuse to participate in services delivered via telemedicine and the alternatives and potential limitations of participating in a telemedicine visit versus an in-person visit. I have also informed PATIENT and HIS/HER parent/guardian of my current location and the names of all persons participating in the telemedicine service and their roles in the encounter. PATIENT and HIS/HER parent/guardian agree to have this service via telehealth.

**Supplemental Digital Content 3:**

**Disclaimer for a telehealth visit conducted during the COVID-19 public health emergency**

At the start of this telehealth visit I provided my name, qualifications, credentials, and location to the patient. Patient's name, medical record number, location (city and state), and presence of the patient's legal guardian were verified prior to the start of the visit. Informed consent was obtained verbally to utilize this modality. The patient and/or parent/guardian expressed understanding that this is a telehealth visit with limitations in regard to physical exam and assessment. They recognize that I provided recommendations to the best of my ability with the information provided to me by PATIENT’S NAME and HIS/HER parent/guardian. Although I have taken all reasonable precautions to prevent HIPAA violation, PATIENT’s and PARENT/GUARDIAN expressed their understanding that there is a risk of HIPAA violation with the use of an electronic video/voice call system. Due to the recent COVID-19 public health emergency, the requirements for HIPAA security compliance in telehealth have been relaxed to allow patients and providers to maintain their therapeutic relationships while staying as safe as possible during this time. Platforms such as Zoom or Skype may pose increased risk of privacy breach when compared to a platform maintained by THIS HOSPITAL/PRACTICE for telemedicine but it was determined that regardless of the platform chosen the benefits to the patient outweigh the risks. The family agreed with this sentiment and the visit was completed as documented above.

The total time for this encounter was: \_\_\_\_

Greater than 50% of time was spent on counseling and coordination of care.