

Video Enhanced Therapy
Participant Agreement

Patient Label

1. I understand and agree to the following for Video-Enhanced Therapy (VET):

- Health department staff may use VET to watch me take my tuberculosis (TB) medicine by live video instead of in-person on agreed upon days.
- I need to use my own smartphone or computer/internet connection; I understand that my phone company may charge me for data use.
- If I connect to Wi-Fi, it may not be a secure connection.
- I will let health department staff know right away if my phone number or address changes.
- I will inform health department staff **before** any travel plans are made.
- I will set up and keep VET appointments with health department staff.
- If I cannot keep my VET appointment, I will call health department staff right away.
- I will do VET from a private place so other people cannot hear my information.
- I will take my medicine during VET and will show my face and medicine at all times and when I swallow the medicine.
- I will see my healthcare worker in-person when they ask me to.
- Recorded videos are not allowed and will not count toward my doses.

2. I understand and agree that health department staff will:

- Use the nickname I choose when talking to me on VET and not say my real name or diagnosis.
- Make sure that others do not hear my private information.
- Ask me about any side effects of the medicine and any symptoms of my diagnosis.
- Not record the VET.

I understand and agree that if I do not follow the above rules that I will need to see health department staff in-person to take my medicine.

Participant Printed Name

Signature of Patient, Parent/Legal
Guardian, or Person Acting in Loco
Parentis

Date

Witness Printed Name

Signature

Date