Utah Department of Health
TB Program
Video Observed Therapy (VOT) Consent

I am aware that I have been diagnosed with tuberculosis (TB), and will need a long course of medication for cure. I will be receiving his treatment from (Name of Health Dept):_____ Direct observation of medication dosing is normally done in the client's home or at the treating facility.

During treatment, observation of dosing will be performed using a smartphone or computer. If using webcam, or recording dosing, I understand that I must have access to a computer or smartphone and internet connection. I agree to allow the TB Nurse or Outreach Worker watch me take my medicines by web at a prearranged time daily, or to review the recorded sessions.

I understand that we may switch back to standard in-home observed therapy at any time during treatment. The use of smartphone or computer technology may have certain benefits to us. It is hoped that VOT will be less intrusive and allow greater flexibility in time of therapy. The use of HIPAA-compliant smartphone or computer technology is secure, and provides more than adequate privacy control. If sessions are recorded, the recording will be deleted by the Health Dept. after viewing.

I understand that the iPad or smart phone (if loaned) is the property of (Name of Health Dept):_____. I agree to return all equipment, in the same condition as I received it, to (Name of Health Dept):_____within four business days of the end of therapy, or I may be held responsible for replacement.

IPad or smartphone serial #:_____

_____ _____
Signature of Client (Parent/Guardian) Date

_____ _____
Signature of Nurse/Health Worker
Phone: _____ Date

Specific Procedure:

1. Log onto _____ (If recording for future use, start recording function and skip to #3).
2. Wait for staff to be online and able to see and hear you
3. Light must be shining at face
4. Display face and confirm with Health Department personnel your identity
5. Display pills
6. Swallow pills