

No. DCI-MI : \_\_\_\_\_

**Consent and commitment form for Video Directly Observed Therapy (VDOT)**

► **PATIENT IDENTIFICATION**

Last name : \_\_\_\_\_ First name : \_\_\_\_\_

RAMQ Health Insurance No.: \_\_\_\_\_ Date of birth: \_\_\_\_d/ \_\_\_\_m/ \_\_\_\_y

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Parent's or legal guardian's full name, if patient is a minor: \_\_\_\_\_

Language of communication: \_\_\_\_\_ Required interpreter: Yes  No

► **IDENTIFICATION OF TREATING TEAM**

Attending physician : \_\_\_\_\_ Hospital providing follow-up care: \_\_\_\_\_

Clinical Nurse: \_\_\_\_\_ Tel. No.: ( ) \_\_\_\_\_

Pharmacy : \_\_\_\_\_ Tel. No.: ( ) \_\_\_\_\_

Public Health Nurse: \_\_\_\_\_ Tel. No.: ( ) \_\_\_\_\_

Public Health agent : \_\_\_\_\_ Tel. No.: ( ) \_\_\_\_\_

► **TREATMENT CALENDAR**

Expected treatment duration: \_\_\_\_\_

Start date: \_\_\_\_\_D/ \_\_\_\_\_M/ \_\_\_\_\_Y

End date: \_\_\_\_\_D/ \_\_\_\_\_M/ \_\_\_\_\_Y

► **VDOT METHODS:**

	VIDEO CALLS OR TRANSMISSION OF VIDEOS SCHEDULE (check the days that apply)						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
VIDEO CALLS							
RECORDED VIDEOS							

Additional details: \_\_\_\_\_

Time of video call or video send: \_\_\_\_\_

## **VIDEO DIRECTLY OBSERVED THERAPY FOR THE TREATMENT OF TUBERCULOSIS**

### **Tuberculosis**

Tuberculosis is a mandatory treatment disease (MATO). You are obliged to follow your treatment until the end. In some cases, we can support you with video directly observed therapy (VDOT).

### **VIDEO DIRECTLY OBSERVED THERAPY (VTOD)**

#### **What does it involve?**

- A method of communication between you and the healthcare professional from the Direction Régionale de Santé Publique de Montréal (DRSP) who accompanies you throughout your treatment;
- Remote observation and support to ensure that tuberculosis treatment goes smoothly.

#### **The benefits**

- Simplify and facilitate directly observed treatment at home;
- Reduce the time spent visiting a healthcare facility (e.g. pharmacy);
- Offer telephone, text or video support from the public health professional outside medical appointments.

#### **The healthcare professional**

- Is a public health nurse or a public health agent employed by the Direction régionale de santé publique de Montréal;
- Can answer your questions about tuberculosis and treatment;
- Can support you throughout your treatment (taking medication, monitoring side effects, making medical appointments).

#### **What you need for VDOT at your own expense**

- A smartphone, tablet or computer;
- Internet access;
- A camera (webcam), microphone and speaker (smartphones and most tablets already have these functions built-in);
- The Teams application (free download).

#### **The Teams application**

Teams is a secure and confidential communication tool that enables users to collaborate remotely in real time, or by sending recorded videos, to ensure proper treatment of tuberculosis.

## **The methods**

### **Method 1: Appointment-based video calls**

- You attend your appointment with the public health professional at the scheduled time, using the Teams application;
- You are invited to take your medication at that time, in the presence of the public health professional who will accompany you throughout your treatment;
- The exchange between you and the public health professional is confidential, and a note is added to your medical record to confirm that the medication has been taken;
- Information may be shared with public health and the care team involved in your treatment.

### **Method 2: Send recorded videos**

- You record yourself taking your medication, using the Teams application through the permanent room, at the scheduled time of treatment;
- It's important to mention the date and time you take your medication at the beginning of the recording, and to show all the medicines you are taking;
- After the recording, you leave the permanent room and the video is viewed by the public health professional;
- You have regular follow-up with the public health professional by telephone or video call using the Teams application;
- The videos sent and the exchanges between you and the public health professional are confidential, and a note is added to your medical record to confirm that the medication was taken;
- Information may be shared with public health authorities and the healthcare team involved in your treatment.

## MY CONSENT

The Direction régionale de santé publique de Montréal (DRSP) has identified you as a person eligible for video directly observed therapy (VDOT), using the Teams application, for the continuation of your tuberculosis treatment.

Your commitments:

- I understand that I am not obliged to participate in VTOD and that I may continue my therapy under direct observation at the pharmacy.
- I acknowledge that VDOT is a tuberculosis treatment support.
- I know and understand my treatment and medication (type of medication, dosage and side effects).
- I inform the public health professional accompanying me on treatment of any unusual signs or symptoms I experience.
- I understand how VDOT works and the method chosen for my treatment (objectives, advantages and disadvantages).
- I understand that the public health professional will communicate with me using the Teams application. He or she will be in a closed office to ensure the confidentiality of our exchange. He or she will ask me questions about my health and treatment, and watch me take my medication.
- I understand that, if I wish, I must find an enclosed space to ensure the confidentiality of our exchange as well.
- I understand that the videos and exchanges between me and the public health professional are confidential and that a note will be added to my medical file. This information may be shared with public health and the care team involved in my treatment.
- I understand that I am responsible for the costs associated with maintaining my smartphone, tablet or computer, as well as the Internet access allowing me to communicate with the public health professional using the Teams application and to send videos for the expected duration of my treatment.
- I understand that all data exchanged is stored on the American continent in compliance with the security requirements of the MSSS (Ministère de la Santé et des Services sociaux).
- I acknowledge that I have read the information provided by the Direction régionale de santé publique regarding data confidentiality and the Teams application: <https://learn.microsoft.com/fr-fr/microsoftteams/teams-privacy>
- I must notify my public health professional immediately if my treatment is interrupted.

Examples of treatment interruption situations:

- I forgot to take my dose.
- I've run out of medication at home.

By virtue of the Public Health Act, I understand that if I fail to comply with the above commitments, the Direction régionale de santé publique may decide that I am no longer eligible for VDOT and that other measures will be taken to manage my treatment.

**By signing, I understand and agree to abide by all terms and conditions related to video directly observed therapy (VDOT) for the treatment of tuberculosis.**

Signature of patient or parent/legal guardian: \_\_\_\_\_

Date of signature: \_\_\_\_\_

If applicable, this document has been read and explained to me by :

\_\_\_\_\_

Signature of public health professional: \_\_\_\_\_

Date of signature: \_\_\_\_\_