

CARE-LA
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Los Angeles, CA 90025
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Telehealth Informed Consent

I, _____, hereby give consent for myself and/or my child to engage in telehealth treatment services at CARE-LA.

Telehealth is a form of treatment provided primarily through interactive audio, video, telephone and/or other audio/video communications. I understand that telehealth involves the communication of my medical/mental information, both verbally and visually. CARE-LA offers telehealth services through: Zoom video conferencing.

By signing this form, I understand the following:

1. I understand that there are risks when participating in telehealth, including, but not limited to, the possibility that the transmission of my information could be disrupted or distorted by unforeseen technical problems such as WiFi connectivity.
2. I understand that the use of Zoom video conferencing, although HIPAA compliant, may not be secure. All attempts to keep information confidential will be made but a guarantee of confidentiality cannot be made due to inherent issues with these communications systems.
3. I understand that there is a risk of being overheard by anyone nearby if I am not in a private room while participating in telehealth. I am responsible for arranging a private location that is free from distractions or intrusions for my telehealth session.
4. I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer-based services. If I am in crisis or in an emergency I should immediately call 911 or go to the nearest hospital or crisis facility.

I have read, understand and agree to the information provided above regarding telehealth:

Patient or Parent/Guardian Signature (if minor)

Date