



Comprehensive
Cardiovascular
Specialists

heart. care.

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C.C.S. Telehealth Informed Consent Form

PURPOSE. The purpose of this form is to obtain your consent for a telehealth consultation with C.C.S. qualified healthcare providers.

NATURE OF TELEMEDICINE CONSULTATION. Telemedicine involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your telemedicine consultation, details of your medical history and personal health information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology. Additionally, a physical examination of you may take place and video, audio, and/or photo recordings may be taken.

RISKS, BENEFITS AND ALTERNATIVES. The benefits of telemedicine include having access to medical specialists and additional medical information and education without having to travel outside of your house. A potential risk of telemedicine is that because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telemedicine appointment. Delays in medical evaluation and treatment could also occur due to deficiencies or failures of the equipment. In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a provider.

MEDICAL INFORMATION AND RECORDS. All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telemedicine consultation to researchers or other entities shall not occur without your consent.

CONFIDENTIALITY. All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine consultation.

RIGHTS. You may withhold or withdraw your consent to a telemedicine consultation at any time before the consult without affecting your right to future care or treatment.

My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all my questions have been answered. I have verbally agreed to a telehealth consultation.

Patient name: _____ **Patient account number:** _____

Telehealth encounter date: _____