



Cardiff Counseling Center

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## PATIENT CONSENT FOR TELEHEALTH

### Written and Verbal Consent Communication

You have the option to receive services in person in a face-to-face visit or via telehealth. There may be limitations or risks related to receiving services through telehealth rather than in person. If you choose to receive services by telehealth, you may change your mind at any time by letting us know.

1. I agree to receive health care services via telehealth. I understand that:
  - a. I have the right to access services through an in-person, face-to-face visit or through telehealth.
  - b. The use of telehealth is voluntary, and I may withdraw my consent to, or stop receiving services through telehealth at any time without affecting my ability to access services in the future.
  - c. There may be limitations or risks related to receiving services through telehealth as compared to an in-person visit. For example:
    - i. If people are close to you, they may hear something you did not want them to know. You should be in a private place, so other people cannot hear you.
    - ii. We use telehealth technology that is designed to protect your privacy.
    - iii. If you use the Internet for telehealth, use a network that is private and secure.
    - iv. You and your provider won't be in the same room, so it may feel different than an office visit.
    - v. Technical problems may interrupt or stop your visit before you are done.
2. I have read this document carefully, understand the potential limitations and risks of receiving services via telehealth, and have had my questions answered to my satisfaction.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date