



Counseling & Wellness Centers

Dr. Lydia Chun Psy.D., Licensed Psychologist
714) 522-4438 (GIFT)

CONSENT TO TELEHEALTH

TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

Risks

- Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.
- Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.
- Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

Benefits

- Flexibility. You can attend therapy wherever is convenient for you.
- Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.
- Recommendations
- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Do not use video or audio to record your session unless you ask your Provider for their permission in advance.
- Make sure to let your Provider know if you are not in your usual location before starting any telehealth session.

I consent to Dr. Lydia Chun to have counseling sessions via Zoom, Therapy Notes, or Doximity from this time on. 저는 LYDIA CHUN 임상 심리학 박사님과 상담을 ZOOM, THERAPY NOTES, 또는 DOXIMITY 등을 통해서 비대면으로 상담을 받는것을 동의하고 허락 합니다.

성함 Name: _____

서명: Signature of Client or Parent/Guardian _____

Date : _____