



# Northeast Valley Health Corporation

a california *health+* center

## Blood Pressure Monitor Instructional Class

### ZOOM Registration Consent Form

Meeting Registration



**Topic** Blood Pressure Monitor Instructional Class

**Description** Blood Pressure Monitor Instructional Class is a Telehealth (video and audio) group class.

Telehealth involves the use of audio, video, or other electronic communications to interact with you. During this telehealth visit, you will be in a group with other patients who may share personal health information. You may also be asked to share your own personal health information with the educator and other members of the group during the telehealth visit. Sharing personal health information is an essential component of participating in health education classes. If you do not wish to share personal health information with other patients, please inform your educator as soon as possible and indicate on this form that you do NOT agree. Alternative arrangements will be made to address your health care education needs. If you do choose to participate, the information shared will be used to help you and other group members learn about and improve your health. The benefits of telehealth include having access to health information at a time or location that may be easier for you to access.

A possible risk, in rare occasions, may be a possible failure in the system's security causing a breach in privacy. All participants in group classes will be instructed not to share other patients' personal health information outside of the group. However, NEVHC cannot guarantee that such disclosures will not occur. All existing confidentiality protections under federal and California law apply to information used or disclosed during your telehealth class/consultation.

At any given time, now or in the future, you may choose to opt out of group telehealth classes and request an alternative way to receive health education services. Please contact the health education for additional information and questions at 818-270-9508.

I have read the statement above and understand the information provided.

**Time** Feb 10, 2021 02:30 PM in [Pacific Time \(US and Canada\)](#)

**First Name\***

**Last Name\***

**Email Address\***

**Confirm Email Address\***

**Phone\***

I also understand that I will not share other patients' information outside of this group and that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time.\*

\* Required information

Register