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CONSENT FOR TELEMEDICINE and/or TELEHEALTH

1. I agree to engage in telehealth which includes email, phone, text, messaging, fax, and video conferencing.
2. I understand how the video conferencing/text/email/messaging/phone technology that will be used may affect such a consultation and will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth has potential benefits including easier access to care and communication, and the convenience of meeting and communicating from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit/communication if it is felt that the electronic connections are not adequate for the situation.
5. I understand my provider does not provide crisis care and are not available outside of office hours.
6. I have had the opportunity to ask questions in regard to telehealth. My questions have been answered and I understand the risks, benefits and any practical alternatives.

CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice is the technology service we will use to conduct telehealth videoconferencing appointments and/or communication through SimplePractice client portal. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service facilitates videoconferencing/messaging and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s) and telehealth.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

_____	_____/_____/_____
Name of Patient/Client (please print)	Date of Birth
_____	_____/_____/_____
Signature of Patient/Client	Date Signed
_____	_____/_____/_____
Signature of Parent or Legal Guardian	Date Signed