

Better Days Ahead, LLC

CONSENT TO USE THE TELEHEALTH CONSULTATION

1. I understand that the therapist wishes me to engage in a telehealth consultation.
2. The therapist has explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/therapist contact due to the fact that I will not be in the same room as my provider.
3. I understand that the telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. Also, I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that the therapist or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
4. I have had a direct conversation with the therapist, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE THE TELEHEALTH BY BETTER DAYS AHEAD LLC

Telehealth via Zoom is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth via Zoom is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though the therapist and I may be in direct, virtual contact through the Telehealth Services via Zoom, neither provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services. Nor is Zoom responsible for delivery of any healthcare, medical advice or care.
3. I do not assume that my therapist has access to any or all of the technical information in Zoom via Telehealth.
4. To maintain confidentiality, I will not share my Zoom 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). • That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY PRINTING MY NAME BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature

Date