



Deedee Shaw LICSW
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CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that my health care provider wishes to schedule a telehealth consultation.
2. My healthcare provider explained that the video conferencing technology used for this consultation will not be the same as a direct client/healthcare provider visit, because I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits, including easier access to care and the convenience of meeting 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 healthcare provider or I can discontinue the telehealth consult/visit if it is determined that the videoconferencing connection is not adequate for the situation.
5. I understand that a telehealth consultation has potential benefits, including easier access to care and the convenience of meeting from a location of my choosing.
6. I had a direct conversation with my provider, during which I asked questions regarding 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.
7. I had a direct conversation with my provider, during which I asked questions regarding 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 SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice 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 through SimplePractice is NOT an Emergency Service, and in the event of an emergency, I will call 911 from a phone.
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.



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3. The Telehealth by SimplePractice Service facilitates videoconferencing 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 who is not authorized to attend.

6. 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 SIGNING BELOW, I AGREE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Patient Signature _____ Date _____

Guardian Signature _____ Date _____

Relationship to Patient _____

Witness Signature _____ Date _____