

INFORMED CONSENT FOR TELEHEALTH CONSULTATION

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Telehealth/Telemedicine Consultation (Video/Audio):

- I understand that my health care provider wishes me to engage in a telehealth consultation.
- My health care provider 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/health care provider visit due to the fact that I will not be in the same room as my provider.
- 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.
- 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 felt that the videoconferencing connections are not adequate for the situation.
- I have had a direct conversation with my provider, 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.
- I understand that **both** the client and therapist must be **IN the state of California** for telehealth therapy sessions to take place.

CONSENT TO USE HIPAA COMPLIANT TELEHEALTH SERVICE

Telehealth by SimplePractice and/or Headway Telehealth Platform is the technology service we will use to conduct telehealth video/audio-conferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

- Telehealth by SimplePractice/Headway is **NOT** an Emergency Service, and in the event of an emergency, I will use a phone to call 911.
- Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice/Headway nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
- The Telehealth by SimplePractice/Headway Service facilitates video/audio conferencing and is not responsible for the delivery of any healthcare, medical advice or care.
- I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice/Headway Service – or that such information is current, accurate or up-to-date. I will not rely on my healthcare provider to have any of this information in the Telehealth by SimplePractice or Headway Service.
- 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).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.