



CONSENT FOR TELEHEALTH COUNSELING

I understand that my counselor is providing me the opportunity to engage in telehealth counseling.

- My counselor explained to me how the video conferencing technology that will be used to engage in these counseling sessions will be different from direct client/counselor visit due to the fact that I will not be in the same room as my counselor.
- I understand that telehealth counseling has potential benefits, including easier access to care as well as the convenience of meeting from a location of my choosing.
- I understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my counselor or I can discontinue the telehealth session if it is felt that the video conferencing connections are not adequate for the situation.
- I have had a direct conversation with my counselor, during which I had the opportunity to ask questions related to this modality. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a manner that I clearly understand.

CONSENT TO USE THE TELEHEALTH BY SIMPLE PRACTICE SERVICE

Telehealth by SimplePractice is the technology service we will use to conduct telehealth video conferencing appointments. It is simple to use and there are no passwords required to log in. I understand that my counselor will send me a link prior to each session - and that each link is specific to that particular counseling session.

By signing this document, I acknowledge:

- Telehealth by SimplePractice is NOT an Emergency Service - and, in the event of an emergency, I will use a telephone to call 911.
- Though my counselor and I will be in direct, virtual, synchronous 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 services.
- The Telehealth by SimplePractice Service facilitates video conferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
- I do not assume that my counselor has access to any or all of the technical information in the Telehealth by SimplePractice - or that such information is current, accurate, or up-to-date. I will not rely on my counselor to have any of this information in the Telehealth by SimplePractice 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 explained to me.
- That I fully understand its contents, including the risks and benefits of the telehealth sessions.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTAND, AND
AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

CLIENT SIGNATURE: _____ **DATE:** _____

COUNSELOR SIGNATURE: _____ **DATE:** _____