Dahlia Greenbaum, M.A., LMFT

Licensed Marriage and Family Therapist
License 113990

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Informed Consent For Telehealth Psychotherapy Services

1. I understand that my health care provider wishes me to engage in a telehealth consultation. Initial _____ Initial _____

2. 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. Initial _____ Initial _____

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. Initial _____ Initial _____

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 if it is felt that the videoconferencing connections are not adequate for the situation. Initial _____ Initial _____

5. 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. Initial _____ Initial _____

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 by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911. Initial _____ Initial _____

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. Initial _____ Initial _____

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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.
   Initial _____ Initial _____

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. Initial _____ Initial _____

5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. Initial _____ Initial _____

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.

Client #1 Last Name First Name Middle Name

Client #1 Signature Date

Client #2 Last Name First Name Middle Name

Client #2 Signature Date