

PARENTING ON CALL

CONSENT FOR TELEHEALTH CONSULTATION

1. Dr. Tashya Wilson and I have agreed to engage in a teletherapy.
2. Dr. Wilson explained to me how the video conferencing technology 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.
3. I understand that teletherapy 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 Dr. Wilson or I can discontinue the teletherapy visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with Dr. Wilson, 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.
6. Simple Practice is the technology service we will use to conduct telehealth videoconferencing appointments.
7. I acknowledge that Simple Practice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
8. I do not assume that my provider has access to any or all of the technical information in the Simple Practice 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 Simple Practice Service.
9. To maintain confidentiality, I will not share my personal Simple Practice telehealth 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.

Patient Signature

Date