

Consent for Telehealth Consultation

Between the Lakes Therapy, LLC 401 S. Mt. Juliet Rd. Ste. 235 #170 Mt. Juliet, TN 37122 615-285-9134

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that my health care provider wishes to engage in a telehealth consultation with me.
2. My health care provider explained to me how video conferencing will not be the same as a direct client/health care 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, limited ability to respond to emergencies, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand that there will be no recording of any of the online sessions by either party without expressed consent of all parties. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
6. I understand that the privacy laws that protect the confidentiality of my protected health information also apply to telemental health unless an exception to confidentiality applies (i.e., mandatory reporting of child or vulnerable adult abuse; danger to self or others).
7. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
8. I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at 615-285-9134. If we are unable to resume the connection, you will only be charged the prorated amount of actual session time.
9. I understand that my therapist may need to call my emergency contact or appropriate authorities in case of an emergency.
10. I have had a direct conversation with my therapist during which I had the opportunity to ask questions. 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 by SimplePractice is not an emergency service and in the event of an emergency, I will use a phone to call 911.
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.
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 all 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 unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read, 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 teletherapy.
- 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, UNDERSTOOD AND AGREED TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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