SULLIVAN, NOLAN AND ASSOCIATES, PC

CONSENT FOR VIDEO AND/OR PHONE CONSULTATION

1. **My health care provider and I have agreed to engage in a telehealth consultation.**
2. **I understand that if I am under 18 years of age, the permission of my parent or guardian is required.**
3. **No recording of the session by either party will occur without the permission of both clinician and client.**
4. **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. However, I also understand that the video conferencing technology that will be used to effect such a consultation will not be the same as a direct client/health care provider visit, as I will not be in the same room as my provider. I also understand that 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 phone/video conferencing connections are not adequate for the situation.**

CONSENT TO USE THE "TELEHEALTH by SIMPLE PRACTICE" VIDEO CONFERENCE SYSTEM

The technology service we will use to conduct telehealth video conferencing appointments is called Telehealth by Simple Practice. It is easy to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. **Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.**
2. **The Telehealth by Simple Practice Service only facilitates video conferencing. It does not provide, and is not responsible for, the delivery of any healthcare services, medical advice or other care, including emergency or urgent medical or psychiatric services.**
3. **To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.**

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By signing this form, I certify:

- **That I have read this form and 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/Guardian Signature_____

Date _____

Provider's Signature _____

Date _____