

## TELEHEALTH SERVICES INFORMED CONSENT

1. I understand that my health care provider agrees to provide telehealth services based on my voluntary request.
2. My health care provider explained to me how the video conferencing technology that will be used for such services 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. I understand that I must secure a confidential environment for these sessions, and to inform my provider to allow another individual to participate in the session prior to the start of that session if desired.
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, but that no results can be guaranteed or assured.
4. I agree to provide verification of Texas residency if requested, and to inform my provider immediately of any changes to residency.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access, equipment failure, 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.
6. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this service. 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.
7. I understand that this Telehealth Services Informed Consent document is to be used in conjunction with, but does not replace, the general Informed Consent document that is required by all patients prior to starting services at Wright Wellness PLLC.

### **Consent to Use Telehealth Services by Simple Practice**

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:

- Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
- 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.
- The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
- 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.
- 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 had this form explained to me
- That I fully understand its contents including the risks and benefits of the service(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- That I authorize my provider at Wright Wellness PLLC to use telehealth services in the course of my diagnosis and treatment.

Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_