

CONSENT FOR TELEHEALTH and Digital Communication.

1. I understand that my provider will be providing/offering telehealth sessions to me.
2. I understand that the video conferencing technology that will be used to conduct such a consultation will not be the same as a direct client/ provider visit due to the fact that 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 but not limited to 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.
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.

CONSENT TO USE THE TELEHEALTH BY DOXY.ME

Telehealth by DOXY.Me is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use once you create an account, you will be sent a link to the therapists waiting room. Your therapist will invite you in and session will begin.

By signing this document, I acknowledge:

1. Telehealth by Doxy.Me 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 Doxy.Me 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 Doxy.Me facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.
5. Not all insurances cover telehealth and I am responsible for any charges not covered by my insurance.

6. Telehealth is being offered by SS Therapy and Consulting, Ltd on a limited time basis under the exceptions currently in place due to COVID-19 and is not a long term platform. This means, that once it is safe to do so, in-person sessions will resume as the primary means of therapy.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me and I understand that there are risks and benefits in using digital communication with my provider.
- 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.

Signature

Date

Printed Name