Game to Grow 12025 115th Ave NE building d ste 215, Kirkland, WA 98034 (425) 405-5316 counseling@gametogrow.org

CONSENT FOR TELEHEALTH CONSULTATION

- 1. I understand that my health care provider wishes me to engage in a telehealth consultation.
- 2. I understand that the video conferencing technology that will be used to provide such consultation will be different from 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 a telehealth consultation has potential benefits including virtual 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 communicating with my provider via electronic mediums potentially introduces privacy risks. I understand that my healthcare provider or I may choose to discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
- 5. I understand that any internet-based communication is not 100% guaranteed to be secure/confidential and using third-party applications potentially introduces privacy risks, including the possibility of an outside party gaining access to the video/audio feed.
- 6. I acknowledge that the best picture and audio quality for video conferencing is through a hardwired connection (via LAN cable) rather than a wireless connection. Headphones may be used to add additional privacy and security. Additionally, I acknowledge that I can best protect my confidentiality by utilizing a secure internet connection, rather than public WiFi.
- 7. I agree to work with Game to Grow to come up with a safety plan, including identifying emergency contacts, to be available in the event of a crisis situation during our sessions.
- 8. In a crisis or emergency situation that requires immediate attention, whereby I am considering seriously harming myself or someone else, I will dial 911, or go to a mental health hospital/ER. Additionally, I agree to provide emergency contact information (identified below) of an individual who may be contacted in the event of a crisis situation.
- Technical problems could occur. If the call is disrupted, the psychotherapist will call back within ten minutes. If reconnection cannot occur, the session will be rescheduled through our regular means (that is, email, text, or voicemail).
- 10. Game to Grow will charge for appointments that become disrupted by technical difficulties originating on the client's side. In this event, the therapist may waive the session fee, at their discretion, when appropriate.
- 11. I may engage in a direct conversation with my provider, during which I can ask questions in regard to teleconferencing technology and telehealth consultation services.
- 12. I understand the risks, benefits, and any practical alternatives to teleconferencing technology and hereby agree to indemnify and hold harmless both my provider and Game to Grow for any services provided.

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 call 911.

- Telehealth by SimplePractice is an online communication tool allowing for face-to-face video which uses encryption technology. Telehealth by SimplePractice represents that its product is HIPAA compliant. For more information about SimplePractice security and privacy, please see: https://www.simplepractice.com/security/.
- 3. Telehealth by SimplePractice requires the use of a browser but does not require any software download. To utilize the video function a webcam or smartphone with a viable camera will be necessary.
- 4. Telehealth sessions should be treated similarly to an in-office session. For example, plan ahead to limit outside distractions, keep your cell phone off or away, close other programs on your computer, and be on time. Just as in face-to-face therapy, your full attention is one of the most important aspects of effective treatment.
- 5. 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.
- 6. The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
- 7. I do not assume that my provider has access to any or all of the technical information (e.g., specifications, design, etc.) 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.
- 8. Although Game to Grow makes a good faith effort to keep my health information communicated via text messages, voice mail, and email confidential, I acknowledge that choosing this method creates potential risk that my information may be disclosed without my consent. I understand that Game to Grow cannot and does not guarantee the privacy or security of any session content or communication sent through the internet, phone, email, or videoconferencing.
- 9. 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 services.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- I agree to the terms listed above and I hereby voluntarily consent to the use of this platform for psychotherapy sessions with my provider.
- I agree that Game to Grow should not be held liable in the event that any outside party passes technology security and discovers personal or confidential information.
- This consent will last for the duration of the relationship with this clinic; I can withdraw my consent for a video psychotherapy session at any time, and Game to Grow will work with me to find a suitable alternative.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.