

CONSENT FOR TELEHEALTH CONSULTATION

WHAT IS TELEHEALTH AND HOW DOES IT HELP YOU?

Telehealth is a way to visit with healthcare providers, such as your doctor, nurse practitioner, or therapist. You can talk to your provider from any place, including your home. You don't go to a clinic or hospital.

Because of this, you don't have to go to a clinic or hospital to see your provider, and you won't risk getting sick from other people.

HOW DOES BIG VALLEY THERAPY USE TELEHEALTH?

You may talk to your provider by phone, computer, or tablet. You may use video so you and your provider can see each other.

CAN TELEHEALTH BE BAD FOR YOU?

You and your provider won't be in the same room, so it may feel different than an office visit. Your provider may make a mistake because they cannot examine you as closely as at an office visit, although it is not known if mistakes are more common with telehealth visits. Your provider may decide you still need an office visit. Technical problems may interrupt or stop your visit before you are done.

In addition, there is a chance that information may be lost due to technical failures. By signing this consent form, you agree to hold your provider harmless for any such loss.

WILL YOUR TELEHEALTH VISIT BE PRIVATE?

Big Valley Therapy will not record visits with your provider. However, if people are close to you, they may hear something you did not want them to know. You should be in a private place, so other people cannot hear you. In addition, your provider will tell you if someone else from their office can hear or see you.

Big Valley Therapy uses telehealth technology that is designed to protect your privacy. If you use the internet for telehealth, use a network that is private and secure. There is a very small chance that someone could use technology to hear or see your telehealth visit.

WHAT IF YOU WANT AN OFFICE VISIT, NOT A TELEHEALTH VISIT? WHAT IF YOU TRY TELEHEALTH AND DON'T LIKE IT?

You are not obligated to schedule a telehealth visit. Big Valley Therapy offers in-office visits, and often finds that in-office visits are preferable.

In addition, you may stop using telehealth any time, even during a telehealth visit. You may still get an office visit if you no longer want a telehealth visit.

If you decide you do not want to use telehealth again, please contact us at Big Valley Therapy, (801) 901-0559, josh@bigvalleytherapy.com or sign into your patient portal at SimplePractice Patient Portal. Once logged in, you can manage your appointments, update your communication preferences, and indicate if you no longer wish to use telehealth.

In this case, it will be as if you never signed this form.

HOW MUCH DOES TELEHEALTH COST?

A telehealth visit will not cost any more than an office visit. What you pay for in-office or telehealth visits depends on your insurance. Please see Big Valley Therapy's Financial Agreement for additional information. If your provider decides you need an office visit in addition to your telehealth visit, you may have to pay for both visits.

ADDITIONAL INFORMATION

Please reference Big Valley Therapy's Notice of Privacy Practices, which shall be provided to you prior to your first visit, for additional information on the use and disclosure of your health information.

Your provider will also comply with Utah Code 26B-4-70, and will be held to the same standards of practice as in-person healthcare. Your provider will make themselves available for appropriate follow-up care related to your telehealth visit, consistent with community standards.

If you have a regular healthcare provider, your provider will discuss whether your visit notes or medical record should be shared with that regular provider. If you choose to do so, you may provide their contact information, and unless told otherwise, your telehealth provider will send a summary or record of your telehealth visit to your regular provider within two weeks of your request.

TELEHEALTH BY SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice is the technology service Big Valley Therapy 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 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.

5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

CONSENT FOR TELEHEALTH CONSULTATION

By signing this document, you also agree and understand that:

1. Your health care provider wishes you to engage in a telehealth consultation.
2. Your health care provider explained to you how the videoconferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that you will not be in the same room as your provider.
3. A telehealth consultation has potential benefits, including easier access to care and the convenience of meeting from a location of my choosing.
4. There are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. You understand that your health care provider or you can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. You have had a direct conversation with your provider, during which you had the opportunity to ask questions in regard to this procedure. Your questions have been answered and the risks, benefits, and any practical alternatives have been discussed with you in a language in which you understand.

You are not required to sign this document, unless you want to use telehealth. Do not sign this form until you start your first telehealth visit. Your provider will discuss it with you. If you sign this document, we will give you a copy.

[Signature Page Follows]

BY SIGNING BELOW YOU ARE AGREEING THAT YOU HAVE READ, UNDERSTOOD,
AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client name (please print)

Client signature

Date

Therapist signature

Date