Paula J. Moore, MSW, LMSW

Supervised by Jean Caine, LCSW, LMFT

(Clayton Counseling Associates)

@Walter’s Walk

314.252.8446

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that Paula J. Moore, supervised by Jean Caine, invited me to engage in a telehealth consultation.
2. Paula J. Moore, supervised by Jean Caine, explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/therapist visit due to the fact that I will not be in the same room as her.
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 interruptions, unauthorized access, and technical difficulties.
5. I understand that Paula J. Moore, supervised by Jean Caine, 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 Paula J. Moore, supervised by Jean Caine, during which I had the opportunity to ask questions in regard to this process. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language which I understand.

CONSENT TO USE TELEHEALTH OPTION

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

1. Telehealth by Simple Practice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though Paula J. Moore, supervised by Jean Caine, and I may be in direct, virtual contact through this Telehealth Service, neither provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by Simple Practice facilitates video conferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that Paula J. Moore, supervised by Jean Caine, has access to any or all of the technical information in the Telehealth by Simple Practice – or that such information is current, accurate or up-to-date. I will not rely on Paula J. Moore, supervised by Jean Caine, to have any of this information in the Telehealth by Simple Practice.
5. 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 procedure(s).
* That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Name:

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Signature Date

Email to : [paulajmoore@protonmail.com](mailto:paulajoannmoore@protonmail.com) or mail to Paula J. Moore, Walter’s Walk, 737 Dunn Road Hazelwood MO 63042