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CONSENT FOR BEHAVIORAL TELEHEALTH

1. I want to receive services through a secure behavioral telehealth platform.
2. I understand that using the video conferencing technology 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.
3. I understand that telehealth sessions have some benefits including easier access to care and the convenience of meeting from a location of my choosing. Research states that video counseling sessions can be as effective for treatment as in person sessions, however it usually takes 1-3 sessions for new users to adjust to the differences that are part of distance counseling.
4. I understand that I will receive a link into my session via email and that I should not share this link with anyone, as it would give them access to the video session. I understand that I need to be in a private location while we are conducting video sessions.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access (as we can never completely secure the internet or apps), and technical difficulties. I understand that I can discontinue the telehealth visit if it is felt that the technical connections are not adequate for the situation.
6. I understand that I can ask questions about telehealth of my provider at any time. I also know that more telehealth information including links to download the platform, tips, and troubleshooting information is available on the Telehealth page at www.buildingskillswa.com
7. I understand that there are additional requirements to plan for the potential of a mental health emergency in order to use the telehealth service. These are:
 - 1.) Identification of an emergency contact willing and able to respond to my location in the event of an emergency.
 - 2.) Identify a hospital emergency room close to me.
 - 3.) Identify the police department that serves the location I am physically at while participating in counseling (usually your home).

CONSENT TO USE THE TELEHEALTH BY SIMPLE PRACTICE SERVICE

Telehealth by SimplePractice is the technology service we use to conduct telehealth appointments. You access appointments on your computer or a smart phone. It is easy

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. The Telehealth by SimplePractice service facilitates videoconferencing and is not responsible for the delivery of any healthcare advice or delivery of care. SimplePractice and Building Skills, LLC have a Business Associates Agreement for Simple Practice to provide secure and HIPAA compliant electronic health records, electronic insurance claim filing, and the telehealth platform. Therefore, Simple Practice is the company we contract with to provide the required high level of privacy and security for your health care record and other electronic services.

By signing this form, I agree:

- That I have read this form.
- That I understand its contents including the risks and benefits of video sessions and I understand I can continue to ask questions about this process.
- That I have or will complete the emergency contacts form.

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