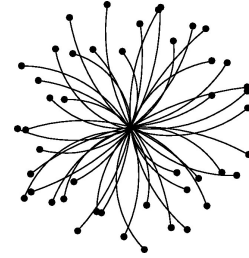


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CONSENT FOR TELEPSYCHOLOGY

“Telepsychology” is the delivery of psychological services using telecommunications technologies. Services delivered via telepsychology rely on a number of electronic, often Internet-based, technology tools.

1. I understand that my health care provider wishes me to engage in a telepsychology.
2. My health care provider explained to me how the videoconferencing technology will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that telepsychology 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. I understand that I will be responsible for creating a safe and confidential space during sessions.
5. I understand that my health care provider or I can discontinue telepsychology if it is felt that the videoconferencing connections are not adequate for the situation. Please talk to your provider if you find the telepsychology media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telepsychology medium seems to be causing problems in receiving services.
6. 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 SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice is the technology service we will use to conduct telepsychology 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 telepsychology appointment link with anyone unauthorized to attend the appointment.

6. I will not record video or audio sessions without my provider's consent.

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.

Signature of Patient

Date

Signature of Therapist

Date