

CONSENT FOR TELEHEALTH THERAPY WITH STEPHEN W. BEST, MDiv, MS, LMFT

1. I understand that my health care provider wishes me to engage in telehealth therapy which includes all communication assisted by technology (including audio, visual, email or texting).
2. My therapist has explained to me how the video conferencing or other forms of telehealth will not be the same experience as a direct client/therapist visit. Sometimes important nuances such as body language, etc. are difficult to observe virtually.
3. I understand that teletherapy has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. However, I understand that receiving therapeutic assistance, other than for an emergency, is not permitted outside of the State of Washington due to the limits of my therapists' professional licensure.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, compromised privacy and technical difficulties. If the connection should fail, my therapist will attempt to contact me by phone. I understand that my therapist or I can discontinue the telehealth consult/visit for any reason and reschedule if desired.
5. I have had a conversation with my therapist, during which I had the opportunity to ask questions regarding 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 DOXY.ME TELEHEALTH SERVICE

Telehealth by Doxy.me 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. Access is granted by simply logging on to www.doxy.me/stevewbest a few minutes before your scheduled session and following the prompts that are provided once you log-in. PLEASE NOTE: You will need to use one of the following search engines: Google Chrome (strongly preferred), Firefox, or Safari. You need a device with video capability and access to a high-speed internet service. Please see the visual diagram of the process on the next page.

By signing this document, I acknowledge and verify:

1. Telehealth by Doxy.me is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Doxy.me only facilitates videoconferencing and is not responsible for the accuracy or delivery of any therapeutic advice provided by your therapist.
3. I understand there are no recordings of the visual or audio footage of the videoconferencing. Your therapist will keep written clinical notes only.
4. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.
5. I am responsible for payment of service (\$130 per 55' hr.) if paying privately, or in the event my health insurance denies the claim or if I cancel without giving at least 24 hours advance notice.
6. Confidentiality will be maintained subject to reporting requirements with respect to child/elder abuse, risk of harm to self or others, and submission of insurance claims.
7. That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

_____	_____	_____
Client Signature	Client Signature	Date
_____	_____	_____
STEPHEN W. BEST, MS, MDIV, LMFT		Date

GETTING STARTED FOR PATIENTS

How to check in for your video visit

1 Use a computer or device with camera/microphone



2 Enter your clinician's doxy.me web address into the browser



3 Type in your name and click check in



- ✓ Secure
- ✓ No software to download
- ✓ HIPAA compliant
- ✓ No registration needed

4 Allow your browser to use your webcam and microphone



5 Your care provider will start your visit

Call Tips

- Have a good internet connection
- Restart your device before the visit
- Use the [Start Visit](#) button in the waiting room
- Need help? Send us a message <https://doxy.me>