TELEHEALTH INFORMED CONSENT

Clarity ADHD, PLLC | Lucas Craft, PA-C | Washington State

What Is Telehealth?

Telehealth means getting health care through video, phone, or secure messaging. You do not need to come in person. Clarity ADHD, PLLC provides all care by telehealth only.

Benefits of Telehealth

- No travel needed - attend from home or any private location
- Flexible scheduling that fits your life
- Continued care during bad weather, illness, or other situations

Risks and Limits of Telehealth

- Technology problems like internet outages or video issues can interrupt your visit
- Telehealth is not right for every situation - your provider will let you know if you need in-person care
- Sending health information online carries a small risk, even with reasonable security measures in place
- We cannot do a physical exam by video - some assessments may need an in-person provider or a higher level of care

What You Need

You will need a device with a camera and microphone, plus a reliable internet connection. Visits are held through the SimplePractice telehealth platform.

Please make sure your device is working before each visit. We also need a phone number on file in case of technical problems.

Where You Must Be Located

Lucas Craft, PA-C is licensed in Washington State. You must be in Washington State at the time of each visit.

If you move out of Washington State, tell your provider right away. Care may need to be paused or transferred to another provider.

Your Privacy During Visits

Please be in a private place during your visit. Do not attend from a public space where others can hear. We use HIPAA-compliant platforms for all telehealth services.

Emergencies

We do not provide emergency or crisis services. If you are in a mental health or medical emergency, call 911, go to your nearest emergency room, or call or text 988 (Suicide and Crisis Lifeline). Please make sure your provider has your emergency contact on file.

Consent

By signing below, I confirm that I have read this form and understand it. I agree to receive care by telehealth at Clarity ADHD, PLLC.

I know I can withdraw this consent at any time. Withdrawing will not affect my right to receive care by other means if available.

[ ] I have read, understand, and agree to this Telehealth Informed Consent.

Patient Name (print):	
Patient Signature:	
Date:	