

INFORMED CONSENT FOR ONLINE COUNSELING

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

Technology

- Your Therapist will use HIPPA compliant video service
- The client is responsible for securing his or her own computer hardware, internet access points, and password security.
- Your Therapist is not liable for confidentiality breaches when they are caused by client error.
- Your Therapist is not responsible for their client's equipment failure, e.g. camera, and/or Internet service.
- Your Therapist is not responsible for lapses in confidentiality that are in direct response to the client's actions

Disconnection Problems

- If video services are not available due to an unplanned equipment or service malfunction, sessions will occur via telephone.

Recordings Are Prohibited

- Clients are not allowed to make an audio or video recording of any portion of the session.

Risk of Harm

- Online therapy services are not a crisis based clinical service.
- Online psychotherapy may not be appropriate for clients with active suicidal or homicidal thoughts, or clients who are experiencing acute mental health problems, such as manic or psychotic symptoms.
- It is the responsibility of the client to inform their Therapist if they are at risk of harm to self or others.

Confidentiality Restrictions

The laws that protect the confidentiality of any medical information also apply to online psychotherapy. Information about the client will only be released with his or her express written permission, with the exceptions of the following cases:

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If the counselor determines risk of self-harm

If the counselor determines risk of harm to others

If the counselor is informed about or suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult

Payments

- Credit card or other online payment arrangements will be made at the time of service.

No Shows or Late Cancellation policy still applies and a fee of \$75 will be assessed.

Client signature

I understand the risks and limitations to online psychotherapy. By signing this consent, I agree to abide by its content.

(Full Name)

Signature/Date

Client Name _____

Pre Session Agreement

Are you in a safe, controlled, adequately lighted environment?

Are you able to keep auditory and visual interactions from being seen or heard beyond the designated attendees?

Are you in an area with stable and consistent internet connection that can support video conferencing for a long duration of time?

Have possible interruptions from electronic devices been mitigated?

I agree that I am not using this tool for an emergency situation. If I am in an emergency or having thoughts of suicide, I will contact my nearest emergency facility or 9-1-1.

Client Signature: _____

Date: _____

Verbal Agreement per Clinician Signature:

Date: _____