



## **Online Therapy Consent**

### **Online Therapy Limitations**

I understand that online therapy includes the practice of therapy delivery, diagnosis, consultation, treatment and education using the interactive audio and video communication. I understand that phone and online sessions have limitations compared to in-person sessions, among those being the lack of “personal” face-to-face interaction, the lack of visual and audio cues in the therapy process, and the fact that most insurance companies will not cover this type of therapy. I understand online therapy is not appropriate if I am experiencing crisis or having suicidal or homicidal thoughts. Should crisis occur, I agree to call 911 or go to the nearest emergency room or contact a crisis hotline.

### **Procedures for Technical Difficulties or Internet Disruptions**

I understand that online therapy is a technical in nature and that problems with the internet may occur. If something beyond our control disrupts the connectivity of our session, I will immediately try to video call the therapist again. If video call is repeatedly unsuccessful for 10 minutes, sessions will be: 1) completed via phone call to the therapist or 2) based on length of session prior to disruption for example less than 10 minutes remaining the session will be rescheduled at no cost.

Serenity Mental Health & Wellness Services LLC

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## **Termination of Services**

During the intake and first few sessions, the therapist will assess if online therapy is of benefit to me and my needs. The therapist will use his/her best judgement to determine if online therapy is the best medium for providing me counseling services. If online therapy is deemed inappropriate, the therapist will do their best to provide me direction in how to find qualified therapist in my area so face-to-face counseling can be pursued.

## **Confidentiality**

Online therapy utilizes the internet for the transmission of personal information, I understand the therapist cannot guarantee confidentiality of the personal information I provide via this form of communication. However, any information that I provide to the therapist will subsequently remain confidential and will not be given to a third party unless I give specific permission to release the information, or the therapist is required to do so by law. The issue of the confidentiality is further governed by both law and ethics. I understand that the therapist follows the law and professional regulations of his/her field and stated issues license.

By law, I hold the privilege of confidentiality and the therapist will not release any information to anyone without my written permission, or court order. There are some expectations to my rights under the law which include but are not limited to, when the therapist has a reasonable cause to believe that I am a danger to myself or another person. The therapist is also required by law to report any information about or reasonable suspicion of sexual, physical or emotional abuse of minors or elders to Child Protective Services or Adult Protective Services. I understand that if I have any concerns regarding confidentiality issues, I should speak with my therapist about these and other expectations to the confidentiality privilege and her responsibility concerning them.

## **Harm to Self or Others**

If there is an emergency during our work together where the therapist is concerned about my personal safety, the possibility of me injuring someone else or about my receiving proper psychiatric care, I understand the therapist will do whatever he/she can within the limits of the law to prevent me from injuring myself or others and to ensure that I receive the proper medical care. For this purpose, the therapist may also contact law enforcement, hospital or emergency contact whose name I have provided.

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Client/Legal Guardian Signature

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Date

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Client/Legal Guardian Signature

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Date

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