**Distance Counseling Informed Consent Form** (For clients who wish to engage in distance counseling: phone or visual telecommunications) Distance counseling, also called telemental health, telepsychology, or online therapy, is defined as counseling using electronic, telephone or visual telecommunications.

I, the client, understand that Allison currently offers distance counseling via phone and visual telecommunication via Skype. I fully understand that the telephone nor Skype is a guaranteed format for client confidentiality. I understand that Allison offers distance counseling via phone sessions and that telephone is not HIPPA protected.

**Technology Failure**: I, the client, do understand that in the event of a technology failure during a phone or visual telecommunication session immediate steps will be taken by the therapist to reconnect. Contact via email is the first backup step to failed phone and visual telecommunication reconnection. The therapist will repeatedly attempt to use these methods to contact me through the remaining session time (and I will do the same, as well). If necessary, snail mail is a backup to visual, phone or email failure. I, the client, will confirm receipt of successful contact. The compromised appointment will be rescheduled and, unless other arrangements are made, will be billed at the full rate.

**Recording of Sessions**: I understand that Allison will not record my visual or phone sessions, unless there is an explicit written consent by me for reasons that clearly benefit my treatment. I understand that in the event of an emotional emergency, and I cannot reach Allison, I can follow this Emergency Plan: \_\_\_ Call 911 or local emergency response team

\_\_\_ Go to the nearest emergency room

\_\_\_ Contact the local crisis center

\_\_\_ Contact Allison’s backup therapist: Catherine Smith-Heine 410-299-9504

I understand that I have the option to choose the methods of telecommunications that I prefer and that I must “opt in”. Check all that apply: Distance Counseling Using Visual Telecommunication: \_\_\_\_I give my consent to use Skype for my distance counseling. \_\_\_\_I give my consent to use the telephone for my distance counseling.

 • I have had ample opportunity to ask questions and receive clarification about these options and this policy. • I will comply with the above plans set up to address the potential risks of distancing counseling and discuss any aspects that require my participation in the planning. • I understand that I have the option to choose which telecommunication method(s) I prefer. • I have “opted in” for the electronic technology that is acceptable to me at this time. • I understand that I have the option to change my mind about any of my choices listed above and I will do so in writing. • I do recognize the potential risk of compromise to my confidentiality by using phone or visual telecommunication. • I wish to proceed knowing these risks.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_