

Castlelight Counseling

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INFORMED CONSENT FOR ONLINE THERAPY SERVICES

Definition of Online Therapy

Online therapy involves the use of electronic communications to enable mental health professional to connect with individuals using interactive video and audio communications. Online therapy includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to Online Therapy:

1. The laws that protect the confidentiality of my personal information also apply to online therapy. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the online therapy interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of online therapy in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from online therapy including but not limited to the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Castlelight Counseling currently keeps physical, paper records rather than electronic records, and your personal information is kept in a secure, locked location. I understand that Castlelight Counseling utilizes Zoom to provide online therapy and that service is not secure or encrypted.
4. I understand that if my counselor believes I would be better served by another form of intervention (e.g. face-to-face services), I will be referred to a mental health professional that can provide such services in my area. Finally, I understand there are potential risks and benefits associated with any form of psychotherapy and that, despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.
5. I understand the alternatives to counseling through online therapy as they have been explained to me, and in choosing to participate in online therapy, I am agreeing to participate using video conferencing technology. I understand that at my request or at the direction of my counselor, I may be directed to "face-to-face" psychotherapy.
6. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of online therapy in my care, but that no results can be guaranteed or assured.

7. I understand that my express, written consent is required to forward my personally identifiable information to a third party.
8. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Payment for Online Therapy Services

Payment for online therapy services is due at the time of service, or no more than 2 hours after the end of the session, and must be paid via PayPal at anuchie@hotmail.com or via Venmo at [@Anita-Castle](#). Please refer to your "Agreement for Service/Informed Consent" form for the fee we have set for your session.

Patient Consent to the Use of Online Therapy

I have read and understand the information provided above regarding online therapy, have discussed it with my counselor if I have questions, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of online therapy services, and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of online therapy services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Patient Name or Responsible Party (please print)

Signature of Patient or Responsible Party

Date