Lisa Nielsen-Karatz, MSW, licsw

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Informed Consent for On-line Services

**The following information is to be completed by the person being served or the person’s authorized representative/parent.** The purpose of this document is to inform you, the client, about many aspects of online services: the process, the potential risks and benefits of services, safeguards against those risks, and alternatives to online services. Please read this entire document, sign, and return.

**A.** **Process**

**1)** **Possible misunderstandings:** The client should be aware that misunderstandings are possible with telehealth modalities because nonverbal cues may be misinterpreted. Even with video webcam software, misunderstandings may occur due to connection problems causing image delays or less than optimal image quality. Practitioners are observers of human behavior and gather much information from body language, vocal inflection, eye contact, and other non-verbal cues. If you have never engaged in online services before, please have patience with the process and clarify information if you think your Practitioners has not understood you well. Also, please be patient if your counselor asks for periodic clarification. All sessions and messaging are in English or Spanish.

**2)** **Turnaround time:** If the connection is lost, the Practitioners will attempt to reach you immediately. If the client is not reached and/or does not respond, the session will end after waiting a reasonable amount of time for client to reconnect online. If the client is in a state of crisis or emergency, the Practitioners recommends the client contact a crisis line or an agency local to the client. Clients may also utilize 1-800-SUICIDE or 1- 800-273-TALK (For the deaf or hard-of hearing: 1-800-799-4TTY).

**3)** **Privacy of the** Practitioners: Although the internet provides the appearance of anonymity and privacy, issues may arise more than in person. Lisa Nielsen-Karatz, MSW, licsw has chosen to use either Doxy.com or Zoom.us (for business version/HIPAA compliant) software provider for web conferencing, and chat communications between the counselor and clients. The client is responsible for securing his or her own computer hardware, internet access points, and password security.

The Practitioners has a right to her privacy and may wish to restrict the use of any copies or recordings the client makes of their communications. Clients must seek the written permission of the Practitioner before recording any portion of the session and/or posting any portion of said session on internet websites such as Facebook or YouTube. Practitioners can’t become friends with clients on social media; such as Facebook, Twitter, etc…

**B.** **Potential benefits**: The potential benefits of receiving mental health services online include both the circumstances in which the Practitioner considers online mental health services appropriate and the possible advantages of providing those services online. For example, the potential benefits of video sessions include the convenience for clients to potentially receive counseling from anywhere (within the state of Minnesota) once an internet signal and necessary hardware is secured.

**C.** **Potential risks:** There are various risks related to electronic provision of on-line services related to the technology used, the distance between counselor and client, and issues related to timeliness. For example, the potential risks of telehealth may include (1) messages not being received and (2) confidentiality being breached, lack of password protection (3) Messages could fail to be received if they are sent to the wrong address (which might also breach of confidentiality) or if they just are not noticed by the counselor. Confidentiality could be breached in transit by hackers or Internet service providers or at either end by others with access to the client’s account or computer.

**D.** **Safeguards:** Lisa Nielsen-Karatz, MSW, licsw, has selected an account with Doxy.com or Zoom.us (for business version/HIPAA compliant) for video communications to allow for the highest possible security and confidentiality of the content of your sessions. In order to benefit from these safeguards, the client is required to download, register and utilize the chat and video software from Zoom.us or doxy.com. Your personal information is encrypted and stored on a secure server in compliance with HIPAA regulations. The client is responsible for creating and using additional safeguards when the computer used to access services may be accessed by others, such as creating passwords to use the computer, keeping their email and chat IDs and passwords secret, and maintaining security of their wireless internet access points. Please discuss any additional concerns with your practitioner early in your first session in order to develop strategies to limit risk.

**E.** **Alternatives:** Online services are non-acute and may not be appropriate for many types of clients including those who have numerous concerns over the risks of internet counseling, clients with active suicidal or homicidal thoughts, and clients who are experiencing active manic/psychotic symptoms. An alternative to receiving services online would be receiving services in person. Lisa Nielsen-Karatz, MSW, licsw, can provide face-to-face services and/or will assist clients who would like to explore face-to-face options in their area. Please feel free to request a referral at any time you think a different counseling relationship would be more practical or beneficial for you.

**F.** **Proxies:** The practitioner requires this consent form to be signed by the legal guardian of any client seeking services who is under the age of 18. The name and contact information of the legal guardian will be kept as part of the client’s record.

**G.** **Confidentiality of the client:** Maintaining client confidentiality is extremely important to the practitioner and will take diligent care and consideration to prevent unnecessary disclosure. Information about the client will only be released upon client request and written permission with the exceptions of the following cases: 1) If the practitioner believes that someone is seriously considering and likely to attempt suicide; 2) if the practitioner believes that someone intends to assault another person; 3) if the practitioner believes someone is engaging or intends to engage in behavior which will expose another person to a potentially life-threatening communicable disease; 4) if a practitioner suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult; 5) if a practitioner believes that someone’s mental condition leaves the person gravely disabled.

**H.** **Records:** The practitioner will maintain records of online counseling and/or consultation services. These records can include reference notes, progress notes, treatment plan, internet communication and session summaries. These records are confidential and will be maintained as required by applicable legal and ethical standards according to the MN Board of Social Work and Department of Human Services. The client will be asked in advance for permission before any audio or video recording would occur on the practitioner end.

**I.** **Procedures:** The practitioner might not immediately receive an online communication or might experience a local backup affecting internet connectivity. If the client is in a state of crisis or emergency, the practitioner recommends contacting a crisis line or an agency local to the client. Clients may utilize the following crisis hotlines: 1-800-SUICIDE or 1- 800-273-TALK (For the deaf or hard-of hearing: 1-800-799-4TTY).

**J.** **Payments:** All payments will be processed through Venmo or Square. I understand payment of fees is expected at the time of service. Client agrees to pay for each service at the time it is rendered. Client understands they are responsible for all charges incurred, regardless of insurance status. Client will notify Lisa Nielsen-Karatz at least 48 hours in advance if unable to keep an appointment, otherwise a $50 dollar late cancellation fee will be charged.

**K.** **Disconnection of Services:** If there is ever a disruption of services on the internet then the client will need to call Lisa Nielsen-Karatz, MSW, licsw to discuss how to proceed with the session. Ms. Nielsen-Karatz can be reached at 612.234.7162.

**APPOINTMENTS:**

My practice is based on an hourly system and at times I function on a tight schedule. I begin the hour at the scheduled time, all sessions are 55 minutes in length. Even when you are late, I will still end on at the scheduled time. Individuals are expected to be available by phone during the session in case of an interruption in the telethealth service.

**APPOINTMENTS NOT CANCELLED 48 HOURS PRIOR TO THE MEETING TIME ARE CHARGED, unless extenuating circumstances.** If I am able to reschedule with someone for that time, or I make the cancellation, you will not be charged.

**CHARGES:**

* Webcam based Individual or Family Counseling: $155.00 – 55 minutes
* Parent Coach Session: $90 – 55 minutes
* Emotional Freedom Technique/ (EFT)/Tapping: $90 – 55 minutes
* Support group: rates vary, inquire with practitioner

**PAYMENT IS DUE WHEN SERVICES ARE RENDERED.** It is the responsibility of the client to maintain the account up-to-date to assure continuation of services.

**MESSAGES:** If I do not answer, please record your message and I will try and return your call as soon as possible. Since the voicemail is on 24 hours a day, seven days a week, I ask that you at least leave your name and phone number so I can return your call. Please stress the urgency of the call.

**EDUCATIONAL SUMMARY:**

Lisa Nielsen-Karatz received her master’s degree in Social Work in 2003 from the University of MN. She is Licensed as an independent Clinical Social Worker (licsw) in the state of Minnesota. She also holds a Parent Coach Certification (2019) and specializes in providing support to parents and children who experience behavioral day-to-day difficulties, including ADHD, PANDAS, Separation Anxiety, Childhood Trauma and Depression. Working with clients between ages 8-18 years of age, along with adults of all ages.

Specialized in Emotional Freedome Technique/(EFT)/Tapping Level 2 completed in December 2021.

Ms. Nielsen-Karatz is a trained clinical supervisor, available to provide supervision and consultation to professionals pursuing an LICSW level licensure.

Additionally, Ms. Nielsen-Karatz is working toward a certification in Narrative Therapy through Dulwich University in Adelaide, Australia.

On-line services have been very beneficial for people who have difficulty leaving the home, frequently travel, or have limited resources in their community.

I am seeking services from Lisa Nielsen-Karatz, MSW, licsw. The type and extent of services I receive will be determined between client and therapist. I will work with Lisa Nielsen-Karatz, MSW, licsw to develop a plan designed to assist me in attaining my goals. I understand that this is a collaborative effort between Lisa Nielsen-Karatz as therapist and myself.

I understand that I have the freedom to choose to have online services by teletherapy. I understand that there are risks to teletherapy, such as failure in technology or breaches of confidentiality. I understand telethealth is a non-acute service.

By signing this consent I agree to abide by its content. I am aware that I have the freedom of choice of providers and I choose Lisa Nielsen-Karatz, MSW, licsw to provide me with services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name)                                                                   Signature/Date

If the parent/guardian undertaking the financial obligation for services please fill out the following: I authorize Lisa Nielsen-Karatz, MSW, licsw to provide services for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with the appropriate methods or techniques available to them.

(Minor Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name)                                                                   Signature/Date

 Licensed Independent Clinical Social Worker in the State of Minnesota, License No. 16510