



56 Main Street Suites 6 & 7, Warwick, NY 10990
Phone: 845-551-2942 Fax: 845-920-7655

Informed Consent for Participation in Online Treatment

Name: _____ Phone: _____

Email: _____ DOB: _____

Payment Info: _____

Please read this consent form carefully, as it describes the policies and procedures followed by your therapist.

Types of Service Provided by Your/Your Child's Therapist:

I offer traditional in-office therapy and a variety of online and/or distance therapy formats. You will be interviewed and may be asked to fill out some questionnaires to assist me in determining how best to help you. Treatment usually involves individual meetings with the therapist, but may also include group treatment and/or involving family members or significant others in some individual sessions. All treatment will be conducted only with your consent.

What You Can Expect from Online Treatment:

The duration of treatment is different for each person and can be difficult to estimate; I will address any concerns that you have about this. If you are not feeling satisfied with your treatment for any reason, you are asked to discuss this directly with me. I will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to (an)other professional(s) if necessary, and/ or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy, because the process of working on personal issues can be difficult; please be aware of this.

You as the client understand that phone sessions have limitations (as well as benefits) compared to in-person sessions, among those being the lack of "personal" face-to face interactions, and the lack of visual and audio cues in the therapy process. You understand that telephone/online psychotherapy with me is not a substitute for medication under the care of a psychiatrist or doctor. You understand that online and telephone therapy may not be appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. If a life threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room. You also understand that I follow the laws and professional regulations of the State of New York (USA) and the psychotherapy treatment will be considered to take place in the state of New York (USA).



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Confidentiality:

What you discuss with your therapist is kept confidential, or private, with some exceptions. The Notice of Privacy Practices provides detailed information about how private information about your health care is protected and under what circumstances it may be shared.

Confidentiality of E-mail and Chat, Cell Phone Communication: Therapeutic email or chat exchanges are delivered via Gmail or Skype. If you choose to email me from your personal email account, please limit the contents to basic issues such as cancellation or change in contact information. I will not respond to personal and clinical concerns via regular email. If you call me, please be aware that unless we are both on land line phones, the conversation is not confidential. Likewise, text messages are not confidential.

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email to schedule a new session time.

Dual Relationships:

Not all dual relationships are unethical or avoidable. However, sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair my objectivity, clinical judgment, or therapeutic effectiveness or that could be exploitative in nature. In addition, I will never acknowledge working therapeutically with anyone without his/her written permission. In some instances, even with permission, I will preserve the integrity of our working relationship. For this reason I will not accept any invitations via social networking sites nor will I respond to blogs written by clients or accept comments on my blog from clients.

Telephone and Emergency Procedures:

If you need to speak with me between sessions, please call 845-551-2942. Your call will be returned as soon as possible. Messages are checked daily. Messages are checked less frequently on weekends and holidays. If an emergency situation arises that requires immediate attention, you may call the emergency National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911 or go to a hospital emergency room.



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Payment for Services:

Payments for services must be made prior to the time of each session. You may make payment via Credit Card with the account information that you will provide prior to the initial session. The fee is \$150 for a 45 minute phone or Skype session.

Cancellation policy:

You will be billed at your full fee rate if you miss an appointment without providing at least 24 hours-notice.

We will discuss this Informed Consent during our first session. If our sessions are scheduled online, please scan and email this form with your signature. EMAIL: kdioriolcsw@gmail.com

Your signature below indicates that you have read this form and understand: 1) this Informed Consent form for participation in online treatment, 2) the Notice of Privacy Practices form and how information about you may be used or disclosed, and 3) that you consent to treatment and the provisions in the Informed Consent and Notice of Privacy Practices form.

X _____

Signature of Client or Client's Guardian

Date