



INFORMED CONSENT AND AGREEMENT FOR ONLINE CLINICAL SERVICES

Please read the following information carefully. After you have read the Agreement, please sign your name below to accept the terms of this Agreement. This agreement is in conjunction with your intake informed consent form.

Telehealth Basics

All new clients will have to verify their age and identity by providing a scanned image of their driver's license or other verifiable governmental identification.

Katharine Campbell, PhD, LCSW uses HIPPA compliant video services for online therapy. You, as the client, are responsible for securing your own computer hardware, internet access points, and password security.

A. Inward Bound is not liable for:

- Confidentiality breaches when they are caused by client error.
- Client's equipment failure, e.g. camera, and/or Internet service.
- Lapses in confidentiality that are in direct response to the client's actions including but not limited to not disclosing of others can overhear the session information.

B. Disconnection Problems: If video services are not available due to an unplanned equipment or service malfunction, sessions will occur via telephone.

C. Recordings Are Prohibited. Clients are not allowed to make an audio or video recording of any portion of the session.

D. Risk of Harm: Online therapy is not a crisis based clinical service and may not be appropriate for clients with active suicidal or homicidal thoughts, or clients who are experiencing acute mental health problems, such as manic or psychotic symptoms. It is the responsibility of the client to inform the therapist if they are at risk of harm to self or others. At intake, a client who reports being at risk of harm to self or others, will not be offered online psychotherapy services. If through the intake evaluation or subsequent psychotherapy sessions, a client is deemed to be at risk of harm to self or to others referrals will be provided and sessions will be terminated. If a client who was not formerly at risk, should become at risk of such harm to self or others, they must immediately report it to the therapist. In such cases, a client may be referred to a traditional non- online counseling program or provider.



Confidentiality Policy in Emergencies

Given that we will not be meeting in person, it is important that I know your location so I am able to get you help should a medical or psychological emergency arise. Please share the location from which you will be conducting our sessions. Physical Location of Client Receiving Services:

Address: _____

City: _____ State: _____ Zip Code: _____

Your signature below confirms that you agree to share your location with me prior to or at the beginning of your session should it be different from the location listed above.

Signature: _____

Please provide me with two emergency contacts just in case you need emotional assistance that doesn't meet the criteria of needing to be hospitalized. Please name two emergency contacts, their relationship to you and phone numbers. By signing below, you agree that I may, but am not required to, contact them if I am concerned for your safety. Should I have dire concerns for your safety, I will do all that I can to protect you, including calling 911 or other emergency responders.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Methods of Communication

Communication with me via any online or electronic means (e.g. email, text, video chat) is limited in security and thus your confidentiality may not be guaranteed. In the event of an injury, illness, or other unexpected emergency situation that results in your clinician being unavailable, your basic contact information (name and contact numbers or email) may be provided to a fellow clinician or associated professional. This will allow for your timely notification of appointment cancellations, as well as provide you with an opportunity to obtain further information regarding your continued care.

Teletherapy video via Doxy.me exchanges are secure. Email and chat video cannot be guaranteed to be secure. By signing this document, you agree to work with online email, chat, video services determined to be suitable by Katharine Campbell, PhD, LCSW. Email and text communication is to be limited to content regarding administrative issues (e.g., cancellation, change in contact information, etc.). Remember cellular phones and text messages are not confidential. For teletherapy you are advised to communicate through a computer that you know is safe (i.e. wherein confidentiality can be ensured). Additionally, you are responsible for securing your physical location.



Teletherapy services are not to be participated in with other people in the physical space/room without consent from the therapist. Finally, be sure to fully exit all online counseling sessions and emails before leaving your computer.

Reminders sent via text or email, paying invoices via email, or sharing information electronically can sometimes be helpful and convenient for clients. Given the limitations of security for electronic communication, I would like to know which of the following you are comfortable with.

Please complete each that you are comfortable using for administrative issues like scheduling, invoicing and collecting paperwork.

Email: _____ Text Messaging: _____

Voicemail: _____ Other: _____

Be aware that basic demographic details like your name, email, and location are considered Protected Health Information (PHI) as is anything clinical in nature like your diagnosis or clinical material.

Please initial next to each item below you consent to:

I consent to allow Katharine Campbell, PhD, LCSW to use unsecured email, cell/VoIP phone text messaging, calls, faxes, or voicemail to transmit to me the following protected health information:

Information related to the scheduling of meetings or other appointments

Information related to billing and payment

Information that is clinical in nature (e.g. treatment summaries, diagnosis)

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Signature: _____

Are there limitations about what you would want me to share via text, email, voicemail, etc.?
Please share below. I want to ensure we are on the same page!



Electronic Communication and Social Media Policy

Multiple types of electronic communications are common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put client privacy at risk and can be inconsistent with the law and with the standards of this profession. Consequently, here is a prepared policy to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. Below is the policy used by Inward Bound, if you have any questions please feel free to discuss with me.

Email Communications

Katharine Campbell, PhD, LCSW uses email communication only with your permission and only for administrative purposes unless we have made another agreement. Any email communication with the clinician, should be limited to things like setting and changing appointments, billing matters, and other related issues. If you need to discuss a clinical matter, please do not email but rather feel free to call to discuss it on the phone or wait so to discuss it during your therapy session. Emails will be responding to during business hours only, unless otherwise specified.

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication if given permission to use, it is limited only to administrative matters.

Social Media

Katharine Campbell, PhD, LCSW does not communicate with clients through social media platforms (e.g., Twitter, Facebook, Instagram, etc.). If I discover that an accidentally established online relationship with the patient exists I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for the patient. Additionally, I participate on various social networks, but not always in professional capacity. If you engage in online forums, there is a possibility that you may encounter my profile or network by accident. If that occurs, please discuss it with me during scheduled time together. Please do not try to contact me via social media. I will not respond and will terminate any online contact no matter how accidental. If you wish to connect with me via social media you may follow my professional page; however, as noted I will not communicate through this platform.

Websites

Inward Bound has a professional website that is used for professional reasons to provide information to others about the myself and my practice. You are welcome to access and review the information that on that website.



Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me that way. There is an incredible amount of information available about individuals on the internet, much of which may be inaccurate. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during scheduled time together so that it can be processed. Patients may sometimes want to review their health care provider various websites. Unfortunately, mental health professionals cannot respond to potentially inaccurate comments or related errors because of confidentiality restrictions. If you encounter a review of me, please share it in treatment so that it can be discussed.

Limitations of Online Psychotherapy:

Telephone, chat, and video sessions have strengths and limitations compared to sessions provided in a shared physical space. It is important to consider if those limitations may impact your therapeutic progress and if so, select an in-person provider. In some clinical situations, such as crises or suicidal or homicidal thoughts, in-person treatment may be the most appropriate treatment choice.

Like many in-person providers, my in-person nor my online practice does not provide 24-hour crisis services. If a life-threatening crisis should occur, contact a crisis hotline, call 911, or go to a hospital emergency room. Should I determine that you are at risk, I may call local police to assess your safety in person.

I follow the laws and professional regulations of the state in which I am licensed, and the sessions will be considered to take place in the state and country in which I am licensed. If you are not in Florida or Tennessee please notify me as we can reschedule to a time when you are.

Appointment Logistics

Appointment Time

Each of our appointments is scheduled to last **50** minutes. I usually begin at the scheduled time. If I am ever late, I will try to let you know in advance. If the late start is due to the me, the session's duration will still be for a full 50 minutes. If you arrive late for an appointment, we will end the meeting 50 minutes after it was originally scheduled to begin. The charge to you for these shortened meetings will be for the full amount; however, you will not be charged for a session if you cannot keep it and let me know at least 24 hours in advance. You will be charged if you fail to keep a scheduled appointment or do not notify me 24 hours ahead of time. This applies to in-person as well as on-line therapy services. Serious immediate emergency conditions will be considered.



In the event that you are called away for an emergency or have a sudden illness or accident, please make every effort to contact, or have someone else contact, me as soon as possible. I will be concerned about you and will want to know your circumstances. I will want to reschedule the appointment if possible. In the event that I am called away for an emergency or have a sudden illness or an accident, I will make every effort to contact you as soon as possible, to apprise you of the circumstances, and to reschedule the appointment.

Payment

Online therapy sessions can arrange payment by having a credit card on file (please request a credit card authorization form) or payment at end of session. Should you wish to provide payment at time of session you may do so by Doxy.me and entering payment or by verbally providing credit card information at that time. Payment is expected at time of service.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

Mediation and Arbitration

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before and as a pre-condition of, the initial of arbitration. The mediator shall be a neutral third party chosen by agreement of Katharine Campbell, PhD, LCSW and you (the client). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney’s fees. In the case or arbitration, the arbitrator will determine that sum.

Agreement

Your signature indicates that you have read this contract in its entirety; that you understand all that it contains; that you agree to abide by its terms; and that you voluntarily consent to treatment. Additionally, your signature below indicates that you understand that I, **Katharine Campbell, PhD, LCSW**, am an independent practitioner.

Signature of Client or Personal Representative

Date