

Online Therapy Consent Form

Please review and fill out our Online Counseling Client Consent Form

Instructions: Please review the Agreement & Consent Form below and answer as many of the optional questions as you are comfortable responding to. After you are done, please return as a scanned document and email it to rebecca@new-directions-counseling.com or mail this form to:

New Directions Counseling
Rebecca L. Waterston, M.A., LMHCA
11417 124th Ave NE
Phone: 425.531.9648

Welcome to New Directions Counseling. This Agreement and Consent Form for **online counseling** is being provided to you (client) in order to inform you about **Online Therapy** and answer some questions you may have. Skype Online Name: NewDirectionsReb

As a client of [New Directions Counseling](#), I understand that **Online Therapy** is technical in nature and that there may be problems with Internet connectivity, which is the fault of neither the **online counselor** at [New Directions Counseling](#) nor me. Internet availability may be limited or disrupted by things such as server maintenance, upgrades, or other problems (such as software or hardware malfunction) or natural or man-made disasters (such as terrorist acts, Internet viruses, and so forth). These types of problems are beyond the control of [New Directions Counseling](#) and me (client). If something like this were to occur, any scheduled appointments would be re-scheduled by your **online therapist** at no additional cost to you (client).

I understand that I must be at least 18 years of age to consent for **online counseling** by [New Directions Counseling](#). (If not at least 18 years old, a parent or legal guardian must contact [New Directions Counseling](#) and provide a written consent for services). As a client of [New Directions Counseling](#), I declare that I am free of suicidal thoughts. I also understand that [New Directions Counseling](#) may be required to violate confidentiality to make appropriate legal notifications if your **online therapist** reasonably believes I am involved in child abuse or neglect, if I intend to harm myself, or if I am involved in criminal activity.

I understand that online therapy is a temporary measure used for clients of New Directions Counseling who have 1.) moved out of state after having resided in Washington state, or 2.) who are planning a move to Washington state within the next 2 months. Therapy is limited to two months from today's date in order to give client enough time to find a new therapist or to have relocated and able to meet in the offices of New Directions Counseling in Kirkland, WA. I realize that I will be charged per a pre-arranged price that [New Directions Counseling](#) and yourself agree upon. We need to recognize that during the process of **online counseling** psychotherapy, discomfort may arise (as difficult issues are addressed and worked through). This is an oftentimes necessary part of **online therapy**, even though it does not guarantee resolution of any kind or assure success for **online counseling**, either explicit or implied. This means that there is no guarantee as to the outcome from the services of or [New Directions Counseling](#). This includes limitation or restriction, of any guarantee, for information, online counseling, uninterrupted access, and other services provided through or [New Directions Counseling](#). In addition, as a client of [New Directions Counseling](#), I can end services at any time, for any reason, without prior notification or explanation to [New Directions Counseling](#). (Although a note explaining any decision to stop services would be greatly appreciated).

Lastly, although [New Directions Counseling](#) has taken a significant number of steps to ensure the confidentiality and privacy of Online communication(s) between you and your online counselor, these actions, in whole or in part, cannot guarantee the security of Internet transmissions. I permanently agree to release and indemnify [New Directions Counseling](#) from all suits, claims, and other actions originating from psychotherapy provided through [New Directions Counseling](#).

Your Name: _____

By signing below, you agree to [New Directions Counseling](#) consent form.

I AGREE WITH THE ABOVE. Signature: _____

Consent Questionnaire

The following information is being collected for professional purposes only. We strongly encourage you to fill out this questionnaire in its entirety in order to better serve you. Confidentiality of all submitted information will be strictly maintained.

Please answer as many questions as you can as thoroughly as possible.

Name*:

Gender*:

Age*:

Email Address*:

Primary Telephone Number*:

Alternate Telephone Number:

What is your SKYPE ADDRESS?

Marital Status:

* Are you human?:

Yes, I am a real person No, I am a spamming program

Occupation:

Employment Status*:

Education Level:

Emergency Contact Info

Name*:

Your Relation to this person*:

Their Phone Number*:

Their Address*:

Please briefly describe the problem(s) that you would like to discuss or work through:

How severe would you rate your symptoms?

Mild Moderate Severe

Are you currently getting treatment from a mental health professional?

Yes No

If yes, please explain:

In the past, have you been treated by a mental health professional?

Yes No

If yes, for what and what was the outcome:

Are you currently taking any psychotropic medication(s)? (e.g. anti-depressants or anti-anxiety medication)?

Yes No

Have you taken any psychotropic medication(s) in the past?

Yes No

If yes, please list them:

How would rate the frequency of your alcohol intake?

What type of nicotine products do you use?

Do you use "recreational drugs"?

Yes No

If yes, please list them:

How would you rate your overall health?

Do you have any medical problems that you think contribute to your present situation?

Yes No

If yes, please briefly describe:

Tell us a little bit about what's going on:

Last Revised: 09-24-17

Contact Info:



To find out more or make an appointment for online therapy, call: 425.531-9648



Or email us at rebecca@New-Directions-Counseling.com