**INFORMED CONSENT FOR MENTAL HEALTH TELESERVICES**

**SOME THINGS YOU SHOULD KNOW ABOUT DISTANCE COUNSELING**

Before we start counseling together online, there are some things you should know about

the process. This document is to provide limited and specific Informed Consent for services

provided online. This information will help you understand better what to expect, and it will

explain some limitations about what you and your counselor will be doing. This document is

not intended to replace the more general informed consent document that you have already

signed with our office, but rather to amplify it with regard to specific considerations for mental

health care provided online or by some other distance counseling platform.

All of the considerations regarding privacy and its exceptions, as well as the fees, ser-

vices and limitations apply, as far as they may be applied, to distance counseling. The following

specific information applies to your counseling work done by internet or by some other distance

means.

**Notices Specific to Distance Therapy**

Because you and your counselor are in different locations, some specific considerations

apply. Your counselor will meet with you via a HIPAA-compliant electronic platform. You

should understand that our office will do all that is possible to maintain your privacy, but by its

nature, electronic communications may become subject to outside interference and intrusion

beyond the control of our office. By entering into this agreement for services you acknowledge

and accept that risk of privacy breach.

In addition to the risk of disclosure of information by an unforeseen electronic breach,

you should be aware that there is further risk of equipment or internet failure. Web connec-

tions and equipment are not 100% dependable, and your conferences may be interrupted unex-

pectedly by the failure of the internet, the online platform, or the hardware. Every effort will

be made to restore the connection, but that may not be possible. It may be necessary to

reschedule a connection.

Also, be aware that if you experience a specific crisis, your counselor will not be as

immediately available. You and your counselor should discuss who might be nearby or quickly

available to assist you in the event of a mental health emergency or crisis. In the alternative,

be aware that your counselor may see the need to contact the authorities for assistance, and

note that by your acceptance of distance counseling you give your counselor permission to

contact someone if your counselor believes you are in an emergency or crisis.

In addition to online or teletherapy sessions, you may use email to communicate with

your counselor. If you choose to communicate via email, remember that email communica-

tions, also, are not private. Email is, by its nature, subject to pass through a variety of email

servers and thus subject to interception by unknown parties. Email communication with our

office should be limited to administrative and logistical matters; your counselor will NOT use

email to discuss important personal and counseling matters.

 **If you fail to notify your therapist at least 24 hours prior to your scheduled appointment, you will be charged your full session fee.** I provide day-before-session-reminders via text. However, this is purely a courtesy and my failure to do so does not forfeit your responsibility to pay associated fee explained above.

With my signature below, I acknowledge and I accept the limited privacy of email

communications, and I authorize your office to communicate with me at the following email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

With my signature below, I acknowledge and I assert that I am a resident of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, county

And my residence address is:

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

In case of emergency I authorize your office to notify the following person or law enforcement or emergency services in

the city and county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_. Their telephone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Treatment**

Type of Treatment requested and planned: \_\_\_Online/Telephone Counseling/Therapy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your counselor’s current Fee for online services is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per session.

By your signature below you consent to the distance treatment offered by our office,

you agree to pay for the services you receive as indicated and at the time of service.

Further, you agree that all charges for services are reasonable and that all fees are your responsibility.

Your counselor may refuse to schedule an appointment until you have paid any outstanding balance you have with our office. If you are unable to pay for your services in the future, you understand and agree that your counselor will be unable to continue to work with you. In that event, your counselor will provide you with a referral to

another provider or providers more readily able to work within your budget. With my signature below I agree to all terms communicated in this disclosure:

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

Client Signature Date

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

Client Printed name

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

Counselor Signature Date

If the Client is a child, you, as the child’s parent agree that

1. You have the authority to consent to treatment for your child, and

2. You agree to your child’s treatment by distance means, and

3. You agree to be present and available to supervise the software and hardware to be

used.

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

Authorized Parent’s signature