

# Distance Counseling Informed Consent

Please read, then sign page 2. Thank you!

**“Distance counseling”** = Mental health care delivery, diagnosis, consultation, treatment, coaching, and psycho-education using video communication, or phone consultation.

I must have a copy of your driver’s license or photo I.D. card to **confirm identity** before counseling can begin.

All electronic communication will be transmitted using the encrypted video program “VSee” or “Zoom.” This program is free to you, and, **the programs are HIPAA compliant.** Even so, there is always the risk of hacking, allowing unauthorized third parties access to your private information. Exit all programs at the end of each session.

**Risks of distance therapy** include, but are not limited to: Interrupted or distorted transmission of communication due to technical failure, and access/interception of protected info by unauthorized persons. By signing this form, you are waiving your right to confidentiality should your personal protected information be accessed by unauthorized third parties despite all reasonable efforts of this therapist to protect you.

Sessions are conducted in a private office that is protected from intrusion from others. Please take measures to assure that you have privacy on your end of the communication as well, so that you will feel free to express yourself.

Distance therapy may not be as complete and effective as in-person therapy. If, at any time, this therapist determines that you would be better served by face-to-face therapy, recommendations for treatment will be provided.

**Technological breakdown** – if this occurs, therapy will resume immediately at therapist phone number 636-627-7974. I will contact you immediately at the number which you provide.

## Consent to Treatment

I, the undersigned, agree to receive video-based distance assessment, care, treatment, and services through the use of the video-based programs and I authorize the undersigned therapist to provide such care and treatment, or services as are considered necessary and advisable.

I, the undersigned acknowledge that I have read understood, and agreed to be bound by all of the terms, conditions and information it contains. I agree to ask questions and seek clarification of anything unclear to me.

Client name (print) \_\_\_\_\_

Client signature \_\_\_\_\_

Client phone # (in case of tech failure) \_\_\_\_\_

Date signed \_\_\_\_\_