



Susan Strong

MED, LPC, NCC

Mailing: PO Box 26033, Prescott Valley AZ 86312

Phone: 928-445-0055

Informed Consent

Online Therapy

June 2021

The purpose of this document is to inform you, the client, about many aspects of online counseling services: the process, the counseling, the potential risks and benefits of services, safeguards against those risks and alternatives to online services. Please read this entire document, sign at the bottom and return to Susan Strong LPC prior to your first telehealth session.

ONLINE THERAPY

Online therapy involves the use of electronic communications using interactive video and audio communications. Online therapy includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to Online Therapy:

1. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a video therapy session as they would to an in-person session. I have read and understand the Notice of Privacy Practices.
2. I understand that I have the right to withhold or withdraw my consent to the use of online therapy in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that although Susan Strong LPC uses secure, encrypted audio/visual transmission software to deliver online therapy, there are risks and consequences from online therapy. I understand the potential risks to this technology, include interruptions, unauthorized access, and technical difficulties. I understand that my counselor or I can discontinue the video therapy session if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that the video conferencing technology will not be the same as an in-person session with a counselor due to the fact that I will not be in the same room as my counselor. I also understand that, in order to have the best results for this session, I should be in a quiet place with limited interruptions when I start the session. I understand that if scheduled video services are not available due to unplanned technology issues, sessions will occur via telephone.
5. I understand that if my counselor believes I would be better served by another form of intervention (e.g., face-to-face services), I will be referred to a mental health professional that can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.

6. I understand the alternatives to counseling through online therapy as they have been explained to me, and in choosing to participate in online therapy, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my counselor, I may be directed to “face-to-face” (in-office) psychotherapy.

7. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of online therapy in my care, but that no results can be guaranteed or assured.

8. I understand that I need to notify Susan Strong LPC if there is another person present during the session. I understand that I am not allowed to make an audio or video recording of any portion of the sessions.

9. I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state of my legal residence.

10. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

PAYMENT FOR ONLINE THERAPY SERVICES

Payment for online therapy services is due at time of service and must be paid by credit card or other online payment arrangements.

If using a health insurance plan, please check with your insurance provider to determine if they cover online counseling services. Also please verify that Susan Strong LPC accepts that insurance provider. You will be responsible for whatever fees (e.g., copays, deductibles) your insurance provider does not cover.

PATIENT CONSENT TO THE USE OF ONLINE THERAPY

I have read and understand the information provided above regarding online therapy, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of online therapy services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of online therapy services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name

Client Signature

Date