

INFORMED CONSENT for COUNSELING SERVICES DELIVERED VIA TECHNOLOGY

Please read this form in its entirety to ensure that you understand the differences between traditional face-to-face counseling and counseling that is delivered via chat, online video, email, or telephone. Please sign to indicate your understanding and provide your consent for treatment, and mail or fax the form to **Lifescapes Counseling Associates** at 950 Windy Rd, Suite 305, Apex NC 27502, Fax 919.303.5986. You can submit via email to generaloffice@lifescapescounseling.com.

PRIVACY & CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Likewise, you are expected to keep our communications confidential and you understand that all records of communication between client and therapist remain the property of your contracted therapist at Lifescapes Counseling Associates, PLLC. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you reviewed with this form.

Confidentiality of E-mail, Chat, Cell Phone, Video and Fax Communication: Therapeutic email and chat exchanges are delivered via HIPAA approved email providers. You agree to work with your counselor online using HushMail or another encrypted email/chat service determined to be suitable by Lifescapes Counseling Associates, PLLC. If you choose to email your counselor from your personal email account, please limit the contents to pragmatic issues such as cancellation or change in contact information. Your counselor will not respond to personal and clinical concerns via regular email in the interest of protecting your privacy. If you call your counselor, please be aware that unless we are both on land line phones, the conversation is not confidential. Likewise, text messages are not confidential. If you send a fax, our fax line is in a secure location. Any computer files referencing our communication are maintained using secure and encrypted measures. If you wish to use email as a way to "journal" information between sessions, you understand that your counselor may not have the opportunity to review your journal emails until our next scheduled session. You understand that emails between sessions that contain confidential information should be sent utilizing encryption. Video sessions will be done using Skype, and will not be recorded.

If you are seeking services delivered via chat, please know that this creates a verbatim transcript of our session material. It is important that you realize that with traditional face to face counseling, there is no verbatim transcript of your therapy session. In both cases, therapists create a brief narrative summary of clinical observations and statements relevant to your progress toward stated treatment goals to be contained in your clinical record. Your therapist requests that you keep any chat records in strict confidence or utilize traditional counseling if you are worried about the privacy of specific session material.

Your counselor will make every effort to keep all information confidential. Likewise, it is important that you carefully determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. Please only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email to schedule a new session time.

We acknowledge that the predominant modality of distance counseling we will use will be _____.

TELEPHONE & EMERGENCY PROCEDURES

If you need to speak with your counselor between sessions to alert them of an emergency, please call 919-303-0273. Your call will be returned as soon as possible. Messages are checked daily (but not at night). Messages are checked less frequently on weekends and holidays. If an emergency situation arises that requires immediate attention, you may call the emergency National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911 or go to a hospital emergency room.

DUAL RELATIONSHIPS & SOCIAL NETWORKING

Not all dual relationships are unethical or avoidable. However, romantic or sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair your counselor's objectivity, clinical judgment, or therapeutic effectiveness or that could be exploitative in nature. In addition, your therapist will never acknowledge working therapeutically with anyone without his/her written permission. In some instances, even with permission, your counselor will choose to preserve the integrity & privacy of your working relationship. For this reason your counselor will not accept any invitations via social or professional networking sites from clients, nor will your counselor respond to blogs written by clients or accept online comments from clients.

TERMINATION

During the initial intake process and the first couple of sessions, your counselor will assess if he or she can be of benefit to you. In the case of online counseling, the assessment will include your suitability to psychotherapy delivered via technology. Counselors do not accept clients who, in their opinion, they cannot help. In such a case, your counselor will provide you with referrals that you may contact. Your counselor will also assist you with appropriate referrals at any time during your work together and at or following termination.

IMPORTANT ADDITIONAL CONSIDERATIONS

You as the client understand that phone and email sessions have limitations compared to in-person sessions, among those being the lack of "personal" face-to-face interactions, the lack of visual and audio cues in the therapy process, and the fact that most insurance companies will not cover this type of therapy. You understand that telephone/online psychotherapy is not a substitute for medication under the care of a psychiatrist or doctor. You understand that online and telephone therapy is not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. As stated previously, if a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room. You also understand that your counselor follows the laws and professional regulations of the State of North Carolina (USA) and the counseling treatment will be considered to take place in the state of North Carolina (USA). If you live in a state that does not allow treatment by out-of-state providers, we will be unable to provide distance counseling services.

Your signature below indicates that you have reviewed the information available on our practice website and have read and understand this Informed Consent, the HIPAA Notice of Privacy Practices, and the Professional Disclosure Statement of your specific therapist (if required by the relevant licensure board). Additionally, your signature indicates that you are over 18 years old and able to initiate mental health treatment on your own behalf. If you are under 18 years of age, you certify that the parent/guardian signature below is valid.

Signature

Date

Parent/Guardian Signature

Date

We will discuss this Informed Consent during our first session. For online or telephone sessions please email, fax or mail this form with your signature. FAX: 919.303.5986 MAIL: 950 Windy Rd, Suite 305, Apex NC 27502. Please email this signed form to generaloffice@lifescapescounseling.com.