

## Carolyn Tucker Psychotherapy Distance Counseling Informed Consent Form

Distance counseling, also called tele-mental health, tele-psychology, or online therapy, is defined as counseling using electronic, telephone or visual telecommunications. Distance Counseling Options Offered & Client Privacy: I, the client, understand that Carolyn Tucker Psychotherapy (CTP) currently offers distance counseling via phone and visual telecommunication. They offer these visual telecommunication options: Vsee (HIPPA-compliant Telehealth app) or Skype or Face Time. I fully understand that neither Skype nor FaceTime is a guaranteed format for client confidentiality. I understand that CTP offers distance counseling via phone sessions and that telephone is not HIPPA protected.

Technology Failure: I, the client, do understand that in the event of a technology failure during a phone or visual telecommunication session that immediate steps will be taken by the therapist to reconnect. Contact via e-mail is the first backup step to failed phone and visual telecommunication reconnection. If re-connection fails, the appointment will be rescheduled for the remaining time that was not used.

Recording of Sessions: I understand that CTP will not record my visual or phone sessions unless there is an explicit written consent by me for reasons that clearly benefit my treatment. I understand that in the event of an emotional crisis and I cannot reach CTP, I can follow this Emergency Plan: \*Call 911 or local emergency response team \*Go to the nearest emergency room I understand that I

have the option to choose the methods of telecommunications that I prefer and that I must "opt in". Check all that apply. \*Distance Counseling using visual telecommunication: \_\_\_ I give my consent to use SKYPE for my distance counseling. \_\_\_ I give my consent to use FACETIME for my distance counseling

\_\_\_ I prefer to only engage in a form of visual communication that is HIPPA compliant. I understand that CTP offers VSEE.com Distance Counseling Using

Phone: My Consent: \_\_\_ I give my consent to use the telephone for my distance counseling. I have had ample opportunity to ask questions and receive clarification about these options and this policy. I have opted "in" for the electronic technology that is acceptable to me at this time. I understand that I have the option to change my mind about any of my choices listed above and I will do so in writing. I do recognize the potential risk of compromise to my confidentiality by using phone or visual telecommunication. I wish to proceed knowing these risks.

Signature \_\_\_\_\_ Date \_\_\_\_\_