

## INFORMED CONSENT FOR ONLINE COUNSELING

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

### **Not For Minors**

- Innerlight Wellness counseling services are not for minors.

### **Identify Verification**

- All new clients will have to verify their age and identity by providing a scanned image of their drivers license or other verifiable governmental identification.

### **Technology**

- Innerlight Wellness therapists will use HIPPA compliant video services
- The client is responsible for securing his or her own computer hardware, internet access points, and password security.
- The company is not liable for confidentiality breaches when they are caused by client error.
- The company is not responsible for their client's equipment failure, e.g. camera, and/or Internet service.
- The company is not responsible for lapses in confidentiality that are in direct response to the client's actions.

### **Disconnection Problems**

- If video services are not available due to an unplanned equipment or service malfunction, sessions will occur via telephone.

### **Recordings Are Prohibited**

- Clients are not allowed to make an audio or video recording of any portion of the session.

### **Risk of Harm**

- Online therapy is not a crisis based clinical service.
- Online psychotherapy may not be appropriate for clients with active suicidal or homicidal thoughts, or clients who are experiencing acute mental health problems, such as manic or psychotic symptoms.
- It is the responsibility of the client to inform their therapist if they are at risk of harm to self or others.
- At intake, a client who reports being at risk of harm to self or others, will not be offered online psychotherapy services
- If through the intake evaluation or subsequent psychotherapy sessions, a client is deemed to be at risk of harm to self or to others, therapist will terminate the sessions, while providing alternative referral suggestions.
- If a client who was not formerly at risk, should become at risk of such harm to self or others, they must immediately report it to their therapist. In such cases, a client may be referred to a traditional non-online counseling program or provider.

### **Confidentiality Restrictions**

- The laws that protect the confidentiality of any medical information also apply to online psychotherapy.
- Information about the client will only be released with his or her express written permission, with the exceptions of the following cases:
  - o If the counselor determines risk of self-harm
  - o If the counselor determines risk of harm to others
  - o If the counselor is informed about or suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult
  - o If the counselor believes that someone's mental condition leaves the person gravely disabled

### **Records**

- The counselor will maintain records of online counseling and/or consultation services.
- All clinical records will be maintained as required by applicable legal and ethical standards according to the various counseling professions licensing boards, i.e. American Counseling Association and National Board of Certified Counselors.

**Payments**

- Credit card or other online payment arrangements will be made at intake.
- A form of reliable payment must be established before the first session occurs.

**No Shows or Late Cancellations**

- A fee of \$100 will be charged to clients who do not show or who do not cancel their appointments within 24 hours of their scheduled appointment.
- Late cancellations and no shows will incur a \$100 fee, which must be paid before the client receives his or her next online psychotherapy session with their therapist.
- Therapist will process the no show or late cancellation payment on the day that it occurs. We reserve the right to use the client’s payment preference that was provided at intake.

**Client signature**

I understand the risks and limitations to online psychotherapy. By signing this consent, I agree to abide by its content.

\_\_\_\_\_

Full Name (Printed)

\_\_\_\_\_

Signature

DATE: \_\_\_\_\_