

## DISTANCE COUNSELING INFORMED CONSENT FORM

*Distance counseling, also called telemental health, telepsychology, or online therapy, is defined as counseling using electronic, telephone or visual telecommunications.*

**Distance Counseling Options Offered & Client Privacy:** I, the client, understand that my counselor, \_\_\_\_\_, currently offers distance counseling via phone and visual telecommunication. Visual telecommunication is offered through Doxy, which is HIPPA compliant. I understand that distance counseling via phone sessions is not HIPPA compliant. For privacy purposes, I agree to hold sessions in a secure environment with minimal distractions and with a similar level of respect as expected in face-to-face sessions.

**Technology Failure:** I, the client, do understand that in the event of a technology failure during a phone or visual telecommunication session, immediate steps will be taken **by the therapist** to reconnect. Contact via the same method used before disconnection will be tried first, followed by text messaging. If calls or texts fail, email is the next backup step to failed phone and visual telecommunication reconnection. The therapist will repeatedly attempt to use these methods to contact me through the remaining session time. If reconnection is unable to be made within 10 minutes, depending on the time contact was lost, the compromised appointment will be terminated and, will be billed at the full rate.

**Recording of Sessions:** I understand that my counselor 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 emergency**, and I cannot reach my counselor, I can follow this Emergency Plan:

- Call 911 or local emergency response team
- Go to the nearest emergency room
- Contact the local crisis center

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 Doxy for my distance counseling.

**Distance Counseling Using Phone:**

\_\_\_\_ I give my consent to use the telephone for my distance counseling.

By signing below you are stating that you have read and understood this policy statement. In addition, you consent to participate in evaluation and/or treatment. You have the option to change your mind about any choices listed above and will do so in writing. You recognize the potential risk of compromise to confidentiality by using phone or visual communication, and you wish to proceed knowing these risks. You also understand that Sanctuary Safe Haven Counseling follows the laws and professional regulations in the State of Texas and that counseling will be considered to take place in the State of Texas. You have had your questions concerning this document answered to your satisfaction.

\_\_\_\_\_ I reside in the State of Texas (*please initial*)

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**Client Signature**

**Date**