

Distance Counseling Informed Consent Form

(For clients who wish to engage in distance counseling: phone or visual telecommunications)

Distance counseling, also called telemental health, telepsychology, or online therapy, is defined as counseling using electronic, telephone or visual telecommunications. This document serves as the Informed Consent for all online or telehealth services offered by Emily Murphy MS, LMHC of Murphy Counseling and Therapy Services.

Distance Counseling Options Offered & Client Privacy: I, the client, understand that Emily currently offers distance counseling via phone and visual telecommunication. For visual counseling Emily uses Skype. I fully understand that Skype is not a guaranteed format for client confidentiality. I understand that Emily 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 immediate steps will be taken by the therapist to reconnect. Contact via email is the first 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 (and I will do the same, as well). I, the client, will confirm receipt of successful contact. The compromised appointment will be rescheduled and, unless other arrangements are made, will be billed at the full rate. Recording of Sessions: I understand that Emily 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 Emily, 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:

I give my consent to use Skype for my distance counseling. _____

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

By signing this agreement you:

- State that you have read and understand the information provided in this informed consent
- Have had ample opportunity to ask questions and receive clarification about these options and this policy.
- Have the option to choose which telecommunication method are used
- Have "opted in" for the electronic technology that is acceptable to me at this time.
- Understand that I have the option to change my mind about any of my choices listed above and I will do so in writing.
- Recognize the potential risk of compromise to my confidentiality by using phone or visual telecommunication.
- hereby voluntarily consent to assessment and/or treatment at Murphy Counseling and Therapy Services using telecommunication methods

Client/Guardian Signature

Date

Printed Name

Date of Birth

Emily Murphy MS, LMHC, Signature

Date