

Today's date: _____

Informed Consent Addendum for Distance Counseling

This Informed Consent for Distance Counseling contains important information focusing on doing therapy using the internet or phone. Please read this carefully, and let your counselor know if you have any questions. With your signature, this form will represent an agreement between you and Covenant Counseling.

Benefits and Risks of Distance Counseling

Distance counseling refers to providing therapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of distance counseling is that the client and counselor can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or counselor moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It also is often convenient and takes less time. Distance counseling, however, requires technical competence on both of parts – the client and the counselor – to be helpful. Although there are benefits of distance counseling, there are some differences between in-person counseling and distance counseling, as well as some risks. For example:

Risks to confidentiality. Because distance counseling sessions take place outside of the counselor's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. The counselor will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology. There are many ways that technology issues might impact distance counseling. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

Crisis management and intervention. Covenant Counseling will not typically engage in distance counseling with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in distance counseling, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our distance counseling work.

Efficacy. Most research shows that distance counseling is usually as effective as in-person counseling. However, some therapists believe that something is lost by not

being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

Electronic Communications

We will decide together which kind of distance counseling service to use. You may have to have certain computer or cell phone systems to use distance counseling services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in distance counseling.

Scheduling distance counseling appointments is the same procedure for scheduling in-person appointments: you will need to do so by calling our office at 205-879-7500. Scheduling includes setting and changing appointments, collecting payment and billing matters, and other related issues. You should be aware that CCEC cannot guarantee the confidentiality of any information communicated by email. We will not, therefore, discuss any clinical information by email. Also, as the counselors at CCEC are frequently engaged with clients and have limited access to email, it should not be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. If an urgent issue arises, you may attempt to reach me by phone by calling 205-879-7500. As noted on the primary intake packet of CCEC, phone calls will be returned as soon as such is practicable. Such calls will generally be less than five minutes. For calls that last longer than five minutes, your counselor may bill you at a rate of \$3 per minute.

If you are unable to reach your counselor and feel that you cannot wait for a returned phone call, you should contact your physician (internist or general practitioner). If it is an emergency, you should call 911, or go to the nearest Emergency Room.

Confidentiality

Covenant Counseling has a legal and ethical responsibility to make its best efforts to protect all communications that are a part of your distance counseling. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential, or that other people may not gain access to our communications. CCEC will use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications. For example, only use secure networks for your video sessions and have passwords to protect the device you use.

The extent of confidentiality and the exceptions to confidentiality which are outlined in the primary intake packet of CCEC still apply in distance counseling. Please let your counselor know if you have any questions about exceptions to confidentiality.

Appropriateness of Distance Counseling

From time to time, your counselor may suggest scheduling in-person sessions to “check-in” with one another. Your counselor will let you know if distance counseling is no longer the most appropriate form of treatment for you. If the counselor believes it is in your best interest as the client to engage with another professional in your area, he or she will provide you with an appropriate referral.

Emergencies, Technology, and Interruptions

Assessing and evaluating threats and other emergencies can be more difficult when conducting distance counseling than in traditional in-person therapy. To address some of these difficulties, you and your counselor will create an emergency plan before engaging in distance counseling services. You will be asked to identify an emergency contact person who is near your location, and your counselor will contact in the event of a crisis or emergency to assist in addressing the situation. You will be asked to sign the authorization form at the end of this addendum, allowing your counselor to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call your counselor back; instead, call 911 or go to your nearest Emergency Room.

If the session is interrupted and you are not having an emergency, disconnect from the session. Your counselor will wait two (2) minutes and then re-contact you via the distance counseling platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me at 205-879-7500.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fees and rates apply for distance counseling as for in-person therapy; these are all noted in the primary intake packet of CCEC. Please be aware that insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic distance counseling sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in distance counseling sessions in order to determine whether these sessions will be covered.

Payment for distance counseling will usually be made by credit card. To pay your balance, please call 205-879-7500. You may find it helpful to pay for your sessions at the same time as you schedule sessions. Please be aware that CCEC will not schedule further sessions if you have a balance of two unpaid sessions.

Records

The distance counseling sessions shall not be recorded in any way unless agreed to in writing by mutual consent. Your counselor will maintain a record of your distance counseling sessions in the same way he or she maintain records of in-person sessions.

Consent for Treatment

This agreement is intended as a supplement or addendum to the general informed consent previously given in the primary intake packet of Covenant Counseling. This addendum does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

Client name: _____

Client (or legal guardian) signature: _____

Relationship to client (if applicable): _____

Date: _____

Identification of Emergency Contact Person for Distance Counseling

As noted above, to ensure reasonably your welfare and safety during the process of distance counseling, you are asked to identify an emergency contact person near your location. Before distance counseling can begin, please complete the information below, giving your counselor permission to contact the identified person in the event of a crisis or emergency, to assist in addressing the situation.

Consent for Release of Information

I hereby authorize the use or disclosure of my individually identifiable protected information as described below. This authorization may include information relating to drug and/or alcohol abuse or treatment, communications with psychiatrists or other physicians, psychologists, or therapists, including particular diagnoses. I understand that this authorization is necessary for the to engage in distance counseling. I authorize Covenant Counseling to release my protected information, as described below, and understand that this authorization may allow a mutual exchange of information among the parties listed below. Once this information has been disclosed, it may be subject to re-disclosure and no longer be protected by state or federal privacy regulations.

Client's name: _____

Client's address: _____

Client's DOB: _____ Client's phone: _____

Person authorizing this release (*if you are the client, mark SAME*):

Name: _____

Address: _____

Relationship to client: _____ Phone: _____

Person Identified as Emergency Contact Person

Name: _____

Address: _____

Relationship to client: _____

This person should be relatively close to the client's general location, so he or she is in a position to help in a possible crisis or emergency.

How far does this person live from the client? _____

Mobile phone: _____ Alternate phone: _____

I understand that the purpose of this disclosure is to ensure as reasonably as is practicable my welfare and safety. My consent is given for the purpose of allowing my counselor to contact the individual named in the event of a crisis or emergency. I also understand that this consent will remain in effect for the duration of my counseling.

Signature of client (or person authorized to sign)

Date

Relationship to client (if other than client)