Technology within a Therapeutic Setting

Consent, Polices, Limitations, and Agreement Form

This form is to review the limitations, risks, and benefits of technology within a therapeutic setting. This includes email, phone, text and video. The provider will ultimately determine if you are appropriate for this type of treatment.

***Benefits:***

The benefits to technology are:

1. Reduces the stigma of obtaining mental health services
2. More convenient for clients to get the help they need
3. Reduces the overall costs due to not having to drive to and from and office.
4. Reduces the wait time for scheduling office appointments.
5. Increased availability of services to people who are unable to leave the home or have difficulties with transportation

***Limitations:***

It is important to note that there are limitations to technology that can affect the quality of the session(s). These limitations include but are not limited to the following:

1. Because we are not in person, the provider has limitations to reading your body language, or your non-verbal reactions to what is being discussed.
2. Due to technology limitations the provider may not hear all of what you are saying. If you feel the provider has not hear you, please make sure to repeat what you were saying.
3. Technology may fail before or during the session.
4. Although every effort is made to reduce confidentiality breeches we are using technology platforms and the provider does not have any control over whether or not the protection of confidentiality used by the platform is working as it is supposed to be at all times.
5. The provider will inform you of which technology platforms they are using and it is your responsibility to read, understand, and agree to that platforms rules and limitations.

***Logistics:***

When the provider is using technology they will be in private location to ensure your privacy. It is your responsibility to be in location that is safe and confidential to protect your privacy. If you choose a place where others can hear you the provider cannot be responsible for protecting your confidentiality. Every effort MUST be made on your part to protect your own confidentiality.

***Connection Lost:***

If we lose our connection during a video or phone session, the provider will call you to try and troubleshoot the reason for the lost connection. If the reason the connection is lost occurs on your part i.e. battery dying, bad reception, etc. you could still be charged for the entire session. If the loss for connection is a result of something caused by the provider. The provider will do everything they can to troubleshoot the problem and may offer other options such as completing the session using other technology or may need to reschedule.

***Recording of Sessions:***

Please note the recording of audio/video, photographing, screenshots, streaming, etc of any kind is NOT permitted and are grounds for termination of the client-therapist relationship.

***Your Location:***

The provider can only practice in the state(s) they are licensed in. That means you must reside in and be participating from the state the provider is licensed. You agree to inform the provider if your location has changed.

***In Case of Emergencies:***

***Before each session begins the provider will request the address for which you are currently located*** and will use this information to give to authorities in case of a crisis or emergency. If for some reason you and provider get disconnected and you are in crisis/emergency, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline 800-273-TALK (8255). If the provider has concerns about your safety including you being a danger to yourself or others at ANYTIME during a session, the provider will call 911.

The provider is required to keep an emergency contact for you. This contact can/will be used during a crisis/emergency.

Please list the person’s first and last name, relationship and phone number(s) of your emergency contact:

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Full Name Relationship Number(s)

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Full Name Relationship Number(s)

Please list any alternate numbers you can be contacted at in case of a crisis/emergency:

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Number(s)

***Consent to participate in technology within a therapeutic setting:***

By signing below you agree that you have read and understand all of the above sections of technology within a therapeutic setting informed consent. You agree that you also understand the limitations associated technology within a therapeutic setting and consent to attend sessions under the terms described above in this document.

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Print Full Name

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Client Signature Date