

**CONSENT FOR ONLINE PSYCHOLOGICAL SERVICES**

This agreement is an addendum to the “Agreement for Psychological Services” and does not supersede or replace the information detailed on that agreement form.

You, as client, understand that online and telephone sessions have limitations along with the benefits of convenience and flexibility relative to in office, face to face sessions. It is important that you are aware of these limitations and consent to proceed with this knowledge. Limitations include:

- 1) The reduction or absence of face-to-face interaction that would provide the ability to perceive more subtle visual and auditory cues that are useful in the therapy process.
- 2) Insurance coverage varies with this new mode of service. If in doubt, please check with your insurance plan.
- 3) Reduced assurance of confidentiality as conventional email, text, online chat services and cell phone conversations are not always considered to be secure. The telehealth video platform I am using is secure, however. Agreeing to proceed with online services, whether video, email, text, or other mode of service, indicates that you are willing to accept the risk that our communication could be intercepted by a third party without our knowledge. Please also be aware of who else might have access to the device that you are using and might have access to any stored communication on that device. Also please ensure that you have privacy during the session.
- 4) Handling of crisis and/or matters involving potential self harm or harm to others is often not appropriate for online or distance services. I may involve or refer you to services local to you if I deem this to be in your best interest.
- 5) Delayed communication, such as email or text, is not to be used as a substitute for therapy. It is sometimes useful, however, for the client to send information to the therapist in advance of, and in preparation for, a meeting. You agree not to rely on communication of potential danger to me by email or voice message as sufficient. If I am not immediately available at such times, you agree to promptly contact your local crisis service, 911, or emergency room to restore safety.
- 6) There is the possibility of interruption or reduction in transmission quality due to internet or device problems.

You have the right to withdraw your consent at any time. Provision of services online is entirely optional and utilized at your discretion as the client.

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My signature below indicates that I have read this agreement and agree to its terms.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name of Patient (if different)

\_\_\_\_\_  
If signed by patient’s personal representative, description of the authority to act for the patient must be provided (e.g., parent, legal guardian, etc.).