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## **Online Therapy Informed Consent**

The following information is to be completed by the person being served or the person's authorized representative/parent. The purpose of this document is to inform you, the client, about many aspects of online counseling services: the process, the counseling, the potential risks and benefits of services, safeguards against those risks, and alternatives to online services. Please read this entire document, sign, and submit.

### **A. Process**

1) Possible misunderstandings: The client should be aware that misunderstandings are possible with online, text-based modalities such as messaging, and real-time internet chat, because non-verbal cues are relatively lacking. Even with video chat software, misunderstandings may occur due to connection problems causing image delays or less than optimal image quality. Counselors are observers of human behavior and gather much information from body language, vocal inflection, eye contact, and other non-verbal cues. If you have never engaged in online counseling before, please have patience with the process and clarify information if you think your counselor has not understood you well. Also, please be patient if your counselor asks for periodic clarification. All sessions and messaging are in English.

2) Turnaround time: Using asynchronous (not in "real time") communication such as email or messaging entails a "lag" of response. The counselor will make every effort to respond to email messages within a 24-hour period. If you select the messaging service, counselor will see your messages and respond to you throughout the day, up to 2 times. If the client is in a state of crisis or emergency, the counselor recommends the client contact a crisis line, emergency room, or an agency local to the client. Clients may also utilize 1-800-SUICIDE or 1-800-273-TALK (For the deaf or hard-of hearing: 1-800-799-4TTY). Hours are Monday - Friday, from 8AM - 8 PM East Coast time, unless otherwise agreed upon.

3) Privacy of the counselor: Although the internet provides the appearance of anonymity and privacy in counseling, privacy is more of an issue online than in person. Resto Family Services has chosen to use Doxy.me as the software provider for live video therapy, messaging, and chat communications between the counselor and clients. The client is responsible for securing his or her own computer hardware, internet access points, and password security. The counselor has a right to his privacy and may wish to restrict the use of any copies or recordings the client makes of their communications. Clients must seek the written permission of the counselor before recording any portion of the session and/or posting any portion of said session on internet



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websites such as Facebook or YouTube. Counselor can't become friends with clients on social media; such as Facebook, Twitter, etc...

### **B. Potential benefits:**

The potential benefits of receiving mental health services online include both the circumstances in which the counselor considers online mental health services appropriate and the possible advantages of providing those services online. For example, the potential benefits of video chat include the convenience for clients to potentially receive counseling from anywhere once an internet signal and necessary hardware is secured. Text-based chat has many of the same advantages of convenience, feeling reduced scrutiny from the counselor, having time to compose a response, and being able to refer back to the chat log for reference. The benefits of using asynchronous messages may include (1) being able to send and receive message at any time of day or night; (2) never having to leave messages or voicemails; (3) being able to take as long as one likes to compose a message, and having the opportunity to reflect upon it; (4) automatically having a record of communication to refer to later; and (5) feeling less inhibited than in person.

### **C. Potential risks:**

There are various risks related to electronic provision of counseling services related to the technology used, the distance between counselor and client, and issues related to timeliness. For example, the potential risks of message based counseling may include (1) messages not being received and (2) confidentiality being breached through unencrypted email, lack of password protection or leaving information on a public access computer in a library or internet café. Messages could fail to be received if they are sent to the wrong address (which might also breach of confidentiality) or if they just are not noticed by the counselor. Confidentiality could be breached in transit by hackers or Internet service providers or at either end by others with access to the client's account or computer. People accessing the internet from public locations such as a library, computer lab, or café should consider the visibility of their screen to people around them. Position yourself to avoid others' ability to read your screen. Using cell phones can also be risky in that signals are scrambled but rarely encrypted.

**D. Safeguards:** Your counselor has selected an account with Doxy.me for chat/ messaging and video communications to allow for the highest possible security and confidentiality of the content of your sessions. In order to benefit from these safeguards, the client is required to download, register and utilize the chat and video software from Doxy.me. Your personal information is encrypted and stored on a secure server in compliance with HIPAA regulations. For ease of use, your counselor can assist you in downloading Doxy.me. The client is responsible for creating and using additional safeguards when the computer used to access services may be accessed by others, such as creating passwords to use the computer, keeping their email and chat IDs and passwords secret, and maintaining security of their wireless internet access points. The counselor



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and client will also choose a password in the first session to be exchanged at the beginning of all subsequent distance sessions in order to verify the identity of the client. Please discuss any additional concerns with your counselor early in your first session so as to develop strategies to limit risk.

**E. Alternatives:**

Online counseling may not be appropriate for many types of clients including those who have numerous concerns over the risks of internet counseling, clients with active suicidal or homicidal thoughts, and clients who are experiencing active manic/psychotic symptoms. An alternative to receiving mental health services online would be receiving mental health services in person. Resto Family Services can and will assist clients who would like to explore face-to-face options in their area. Many state and local agencies will treat low-income clients on a low or no-fee basis. Please feel free to request a referral at any time you think a different counseling relationship would be more practical or beneficial for you.

**F. Proxies:**

The counselor requires this consent form to be signed by the legal guardian of any client seeking services who is under the age of 18. The name and contact information of the legal guardian will be kept as part of the client's record.

**G. Confidentiality of the client:**

Maintaining client confidentiality is extremely important to the counselor and the counselor will take ordinary care and consideration to prevent unnecessary disclosure. Information about the client will only be released with his or her express and written permission with the exceptions of the following cases: 1) If the counselor believes that someone is seriously considering and likely to attempt suicide; 2) if the counselor believes that someone intends to assault another person; 3) if the counselor believes someone is engaging or intends to engage in behavior which will expose another person to a potentially life-threatening communicable disease; 4) if a counselor suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult; 5) if a counselor believes that someone's mental condition leaves the person gravely disabled.

**H. Records:**

The counselor will maintain records of online counseling and/ or consultation services. These records can include reference notes, copies of transcripts of chat and internet communication and session summaries. These records are confidential and will be maintained as required by applicable legal and ethical standards according to the American Counseling Association, National Board of Certified Counselors, the Virginia Board of Clinical Social Workers, Marriage and Family Therapists and Mental Health Counselors. The client will be asked in advance for permission before any audio or video recording would occur on the counselor's end. Texts and emails will be deleted once they are documented. Phone call records are automatically stored by the



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phone provider.

**I. Procedures:**

The counselor might not immediately receive an online communication or might experience a local backup affecting internet connectivity. If the client is in a state of crisis or emergency (911), the counselor recommends contacting a crisis line or an agency local to the client. Clients may utilize the following crisis hotlines: 1-800-SUICIDE or 1-800-273-TALK (For the deaf or hard-of-hearing: 1-800-799-4TTY).

**J. Payments:**

All payments will be processed by Stripe which can be accessed through [restofamilyservices.com](http://restofamilyservices.com). I understand I must pay for each service prior to receiving the service. All sales are final. I understand I am responsible for all charges incurred, regardless of my insurance status. I will notify Resto Family Services at least 48 hours in advance if I am unable to keep my live video appointment. Live video sessions that are canceled with less than a 48 hour notice, will incur a \$40 fee billed to the credit card on file.

**K. Disconnection of Services:**

If there is ever a disruption of services on the internet then the client will need to call counselor to discuss how to proceed with the session. Counselor can be reached at 434-533-1660. If the client does not call back within 5 minutes, then counselor will try and contact them.

I am seeking services from Resto Family Services. The type and extent of services I receive will be determined following a consultation with Resto Family Services and me. I will work with Resto Family Services to develop a plan designed to assist me in attaining my goals. I understand that this is a collaborative effort between Resto Family Services and me.

I understand that I have the freedom to choose to have counseling online by online counseling or teletherapy. I understand that there are risks to online counseling, such as failure in technology or breaches of confidentiality. By signing this consent I agree to abide by its content.

I am aware that I have the freedom of choice of providers and I choose Resto Family Services to provide me with services.

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Client

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Date

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Parent/Guardian/Responsible party

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Date