

ONLINE THERAPY – INFORMED CONSENT

Online Therapy: It is my expectation that you will benefit from online therapy as all or part of your psychotherapy, but there is no guarantee. Therapy is conducted using interactive audio and/or video and/or email. Online based services as care may not be appropriate for your need. If I assess that face to face is more appropriate, I will offer an appointment or provide referrals.

Confidentiality: The information disclosed during the course of my therapy is confidential, however there are legal exceptions both mandatory, and permissible, including child, elder, and dependent adult abuse; threats of harm to self or others, or if court ordered. Therapist will take all precautions to ensure online therapy is confidential, but client is informed that transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons.

Appointments and Charges for Services: Payment will be made via PayPal prior to appointment. If you do not show up for your session after payment, there are no refunds.

Limitations: It is important to realize that online therapy is intended to provide quality information, practical answers to psychological issues, and online therapy for present problems. This service is not intended to provide in-depth psychotherapy as this particular venue is not entirely suited for such purposes.

When should I seek traditional mental health treatment rather than internet therapy?

1. If you are having thoughts of harming yourself (e.g. suicidal thoughts) or harming someone else (e.g. violent thoughts toward others) or psychotic symptoms. Please call **911** or **1-800-SUICIDE**, which is the National Suicide Hotline.
2. If you are in an abusive or violent relationship.
3. If you have been seriously depressed.
4. If you have serious substance abuse dependence.
5. If you are a minor (under 18 years old).

Procedures should we encounter technical difficulties or disruptions in service:

It is understood that when communicating by internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. Should a disruption occur at a time of crisis, the patient agrees to immediately phone me at **775-322-6604**

By signing this form:

1. I agree that I reside in the state of Nevada
2. I am aware that a “HIPPA Notice of Privacy” is available for me to read on www.renocounseling.net
3. I agree to participate in online psychotherapy. I have read, understood and comply with the agreed upon policies. I understand that the fee agreed upon by Leigh Church and I is due the day before our session paid via PayPal. If fee is not paid in advance the session will be cancelled.

Signature of Client

Date

Last 4 Digits SS# _____

By checking the box I agree that the signature I have entered above will be the electronic representation of my signature and initials for all purposes when I use them on documents, including legally binding contracts – just the same as a pen-and-paper signature.