

CONSENT TO TREATMENT**

“Online Therapy” is the provision of services utilizing telecommunication technologies that is received at a different site from where the clinical service provider is physically located. Online Therapy includes no consideration related to distance, and may refer to a site in a location that is in the office next door to the clinical service provider or thousands of miles from the clinical service provider. Online Therapy can be beneficial to clients who are unable to come to a physical office on a regular basis. Online therapy includes, but is not limited to, clinical consultation, treatment, transfer of medical/psychiatric data, emails, telephone conversations and education using interactive audio, video, or data communications.

Online therapy offered by Council for Relationships (CFR) is of a voluntary nature, and it may be ended by you at any time.

Confidentiality is extremely important to us. Information that you reveal during treatment will be kept strictly confidential. The laws that protect the confidentiality of your personal information, such as HIPAA, also apply to Online Therapy. As such, information disclosed during the course of therapy or consultation is generally confidential. There are exceptions to this, however, that include the following:

- If you disclose your intention to inflict physical harm to yourself or another person;
- If you disclose that physical or sexual abuse or serious neglect of a minor child has occurred;
- If we receive a signed, valid court order requesting records; and
- In addition CFR clinicians (therapists, psychiatrists, counselors, or clinical supervisors) directly involved in your care may communicate with each other about your treatment. If you were seen previously in therapy at CFR, your new therapist may review your prior file in order to ensure continuity of your treatment.

There are risks and consequences from Online Therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of CFR that: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.

Psychotherapy is difficult to describe in general terms. Approaches and techniques vary depending on the problems you have identified, who you are as a person and what special qualities you bring to the therapy, and the training and professional experience of your therapist. In addition, there are different modalities of therapy (individual, couple, family, and group) that may be suitable for you. In some instances, an evaluation for medication may be recommended, and a referral to a psychiatrist or other medical professional with prescribing privileges may be made. At times, Online Therapy may not be as effective as face-to-face services. If a CFR provider believes you would be better served by another form of therapeutic services (e.g. face-to-face services), they will refer you to a professional who can provide such services in your area.

Therapy has both benefits and risks associated with it. On the beneficial side, therapy has been shown to produce lasting change and reduce overall feelings of distress. It can be helpful in resolving specific problems and can lead to improved relationships with significant others in your life. There are, however, no guarantees of success. Risks include intermittent feelings of discomfort (such as sadness, guilt, anxiety, or anger) during and after some sessions as problems are brought to the surface. You may be asked to recall difficult and unpleasant aspects of your personal and family history in order to loosen the grip of these past events on your life now. Occasionally, there is a poor fit between client and therapist.

The work begins with an initial evaluation period, lasting from one to five sessions, depending on the presenting issues and the complexity of your situation. Your collaboration in this process is important to its success, including your active participation in clarifying problems and setting treatment goals with your therapist. At the end of the evaluation, your therapist will share with you initial impressions and provide a preliminary treatment plan. In deciding whether you wish to continue in treatment, you should carefully consider this information and your comfort in working with your therapist. If you have any questions or concerns about your therapist’s approach or treatment plan, you should freely communicate them to your therapist.

Payment is due at the time of service by credit/debit card, unless other arrangements have been made with your clinician. If your account is more than 90 days in arrears, and you have not agreed to a suitable payment plan, CFR may use a collection agency to recover payment.

Occasionally, circumstances arise that necessitates cancellation of an appointment. In this instance, notification must be given at least 24 hours in advance of the appointment time. CFR will charge the full fee for a missed appointment or one cancelled with less than 24 hours' notice.

CFR can create an insurance statement for you to submit to your insurance provider. Based on your insurance, you may be eligible for reimbursement of some of the costs of your therapy. If you would like to receive monthly insurance statements from CFR, please request so from your therapist.

Any unlicensed therapist and/or a therapist in training at CFR will be supervised regularly by a senior licensed clinician.

During the first online session, the clinician and you will discuss an emergency response plan. If you are experiencing an emergency situation, you can call 911 or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm yourself, you can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.

In case of an emergency, please provide us with an emergency contact, below. By so doing, you are providing us with permission to contact this individual in the case of an emergency.

Name	Relationship to Client
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Contact Number(s)

Please sign below to indicate that you have read and understand the information above:

Signature of Client	Date
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**The consent agreement will remain in effect until therapy has been terminated or there is a lapse in treatment of longer than six (6) months.

Please allow Council for Relationships to send an appreciation letter to thank the professional who referred you to our services (no clinical information will be included):

Title: _____ First Name: _____ Last Name: _____

Address: _____

Website: _____ Email: _____

Please provide your approving signature: _____