



## **INFORMED CONSENT FOR ONLINE THERAPY**

### **Session Structure and Fees**

Each session will be payable in advance by PayPal or credit card. The fee for real time-live chat therapy requiring a specified date and time for such service will be billed to patient at \$120 per 60 minute session, or \$50 per 30 minute session. Missed appointments will be billed to the patient at the full rate.

### **Intake and Assessment**

You will be expected to fully complete an intake form and fully complete an assessment in advance of the commencement of therapy to determine the feasibility and efficacy for you receiving therapy by Internet or other electronic means. The intake, among other things, will require that you provide the name and phone number of your physician and a relative or friend to contact in case of emergency.

### **Turn-Around Time**

Service is available on weekdays during normal business hours. Any communications received after hours, on weekends, or on holidays will be responded to the next business day, unless other arrangements are made. Generally patients can anticipate a response within 24 hours. If you are in crisis, you may contact my cell phone and leave a message, or you are to contact the crisis referral number that I have provided for you in your community or 911.

### **Additional Benefits and Risks of Internet Therapy**

- You may feel worse before you feel better.
- Your relationships may be strained as you begin to feel better.
- While this is one means of doing therapy, you may have a different experience if engaged in face-to-face therapy, for which one or more referrals will be made if preferred.

### **Expectations and Model of Treatment**

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and patients are partners in the therapeutic process. You have the right to agree or

disagree with my recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

### **Additional Limits of Confidentiality**

- While using every reasonable means to protect and encrypt conversations and records of treatment, when doing therapy by Internet or other electronic means, such encryption can not be guaranteed.
- By agreeing to engage in therapy by Internet or other electronic means, the therapist and patient will each assure that any text messages or recorded discussions will be destroyed within fifteen days of receipt.
- If I believe you are a danger or become a danger to yourself or to someone else, I may inform others or insist that you be evaluated, in person, by another health care professional.
- You, the patient, are encouraged to protect your own confidentiality by controlling access to your communications with me-such as by using passwords only known by you, controlling access to your computer, deleting data as agreed, etc.

### **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.

### **Other Resources**

I may refer you to and/or expect you to avail yourself of outside supportive resources, including, but not limited to, other health care professionals, as I deem appropriate. A failure on your part to comply with such recommendations may result in a termination of therapy.

### **Professional Conduct and Ethics**

I agree to abide by the Ethical Standards of the California Association of Marriage and Family Therapists. These standards are accessible on the Association's website [www.camft.org](http://www.camft.org), under the heading, "What is CAMFT?" I also comply with the standards of professional conduct in the licensing law for the profession of marriage and family therapists (California Business and Professions Code 4982, which can be accessed at the Board of Behavioral Sciences' website [www.bbs.ca.gov](http://www.bbs.ca.gov)).

### **Misunderstandings, Concerns, Questions, and/or Problems**

It is understood that sometimes the written word can be misunderstood. If we are communicating with text, and you have questions about the meaning of my statements to you, you are asked to bring these to my attention as soon as practical and possible so that any misunderstandings may be explained and any ensuing problems may be averted or avoided.

**Termination of Therapy**

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan your termination, in collaboration with me. I will discuss a plan for termination with you as you approach your treatment goals.

You may discontinue therapy at any time. If you or I determine that you are not benefitting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

I understand that should it be discovered that, at any time during the course of therapy, you have misrepresented your identity to me, therapy will be terminated immediately.

I have read and understand that information provided above. I have discussed it with my therapist, and all of my questions have been answered to my satisfaction.

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Patient Name

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DOB

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Address/City/Zip Code

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Signature

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Date