

**Informed Consent for Online/Distance Counseling**  
**20512 SW Roy Rogers Rd., Suite 150, Sherwood, OR 97140**  
**(503) 833-2566**

Please read this consent form carefully, as it describes the policies and procedures followed by your therapist and Wellness Counseling and Consulting Services (WCCS).

**Types of Services Provided by Your Therapist:**

WCCS offers traditional in-office, face-to-face therapy and a variety of online and/or distance therapy formats. You will be expected to complete an intake form prior to the start of counseling to determine the feasibility and efficacy of receiving online/distance counseling. The intake, among other things, will require that you provide the name and phone number of at least one relative or friend to contact in case of emergency. You must also provide documentation of your identity in the form of a Driver's License, Identification Card, or Passport.

**Availability of Therapist:**

Any communications received after hours, on weekends, holidays, or during previously scheduled vacation times will be responded to the next business day, unless other arrangements are made. If an emergency situation arises that requires immediate attention, you agree to call the National Suicide Prevention Lifeline at 1-800-273-TALK(8255), dial 911, or go to the nearest hospital emergency room.

**Limits of Confidentiality:**

You acknowledge that video sessions with your therapist via the Doxy.me website are HIPPA compliant and no personal health information is saved during a video session. However, emails or texts sent from or to personal email accounts are not secure. You understand that your therapist will not respond to personal and clinical concerns via regular email or texting. Regular email should not be used in the event of crisis or emergency. As a rule, personal and clinical communications (i.e. communication for purposes other than scheduling) should be reserved for scheduled session times (in-person sessions, video sessions, or phone sessions) except in cases of emergency. You further acknowledge that if either you or your counselor use a cell phone that the conversation may not be secure and therefore not confidential.

Although your therapist has taken substantial steps to ensure the confidentiality and privacy of therapy provided online, WCCS cannot guarantee the security of any internet or cell phone transmissions or communications. YOU AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT DOCUMENTATION ON YOUR OWN COMPUTER AND IN YOUR OWN PHYSICAL LOCATION.

If your therapist believes you are a danger to, or may become a danger to, yourself or anyone else, she may inform others or insist that you be evaluated, in person, by another health care professional. Please see the *WCCS Informed Consent & Release of Liability* form for additional information regarding limits to confidentiality.

**Technical Requirements:**

To participate in online or distance counseling, you will be required to have access to a computer or smart device with internet access. A high speed internet connection will be necessary for video sessions. Video sessions will take place through the HIPPA compliant Doxy.me website. It is understood that when communicating via the Internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. Should a disruption occur during a session, you agree to immediately phone your therapist at (503) 833-2566.

**Other Resources:**

Your therapist 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 deemed appropriate. A failure on your part to comply with such recommendations may result in a termination of therapy. It is acknowledged that online or distance counseling is not a substitute for medication given under the care of a psychiatrist or doctor. It is further understood that online or distance counseling is not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts.

**Payment for Services:**

Payment for services must be made at the time of your session. This includes all copays, co-insurance, deductibles, or private pay fees. Wellness Counseling and Consulting Services has a 24-hour cancellation policy. Should you miss or cancel an appointment within 24 hours of a scheduled session you will be charged the full session fee as insurance does not cover missed sessions. Please see the *WCCS Financial Policy* form for a complete fee schedule.

I agree and attest to the following:

1. I reside in the State of Oregon (USA) and am at least 18 years of age.
2. My therapist is licensed in the State of Oregon (USA) and follows the laws and professional regulations of the State of Oregon (USA).
3. I have read, understood, and signed the HIPPA *Notice of Privacy Practices* available on [www.wellnesscounselingpdx.com](http://www.wellnesscounselingpdx.com).
4. I agree to participate in online/distance counseling. I have read, understood, and will comply with the policies listed above.
5. I understand that the session fee is due at the time of service.

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Client Signature

\_\_\_\_\_  
Date

9/15/2020