

Informed Consent for Online Counseling

Thank you for choosing GR Therapy Group. In order to provide you consistent care and best practices we ask you carefully **read** and **sign** our agreement prior to any online services. 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 return.

Possible misunderstandings: The client should be aware that misunderstandings are possible with telephone, text-based modalities such as messaging, and real-time internet chat, because nonverbal 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.

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 message requests within a 24-hour period. If the client is in a state of crisis or emergency, the counselor recommends the client contact a crisis line or an agency local to the client. Clients may also utilize 911, 1-800-SUICIDE or 1-800-273-TALK (For the deaf or hard-of hearing: 1-800-799-4TTY).

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. Your therapist has chosen to use Zoom.com as the software provider for web conferencing, 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 their 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 websites such as Facebook or YouTube.

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.

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. Potential risks could include confidentiality being 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.

Safeguards: Your counselor has selected an account with Zoom.com for 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 Zoom.com. Your personal information is encrypted and stored on a secure server in compliance with HIPAA regulations. 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 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.

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. Please feel free to request a change or referral at any time you think a different counseling relationship would be more practical or beneficial for you.

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.

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.

Records: The counselor will maintain records of online counseling and/ or consultation services. These records can include reference notes, copies of transcripts of internet communication and session summaries. These records are confidential and will be maintained as required by applicable legal and ethical standards. The client will be asked in advance for permission before any audio or video recording would occur on the counselor's end.

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, 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).

Payments: All payments will be processed through GR Therapy Group. Clients may call in with their payment at 616.591.9000 or send a payment via mail. Payment of fees is expected at the time of service and the client agrees to pay for each service at the time it is rendered. I understand I am responsible for all charges incurred, regardless of my insurance status. Clients agree to notify their therapist at least 24 hours in advance if they are unable to keep their appointment.

Disconnection of Services: If there is ever a disruption of services on the internet then the client will need to contact their therapist and discuss how to proceed with the session.

I understand that I have the freedom to choose to have counseling online by distance-counseling or teletherapy. I understand that there are risks to teletherapy, such as failure in technology or breaches of confidentiality.

By signing this consent, I agree to abide by its content.

_____ / _____
Print Patient Full Name Signature/Date

_____ / _____
Print Guardian/Parent Full Name Signature/Date

_____ / _____
Therapist Signature/Date