



## A Place to Grow and Heal

### Tele-therapy Information and Informed Consent

By engaging in Tele-therapy, you understand and agree to the following:

1. Wecounsel is in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA).
2. Wecounsel does not store, maintain or transmit client records other than the initial sign up screening form. Wecounsel does maintain a payment history, however no other treatment data is collected by Wecounsel. The counselor is the legal owner of the medical records created and generated from treatment. Counselors must comply with any medical records release requests by a client or legally authorized entity.
3. Counselors must maintain patient records as required by law within their jurisdiction (North Carolina and Florida) and make available any records if requested by a client. No records shall ever be released without a written release from the client or client's legally authorized agent.
4. Any personal information you choose to share with A Place to Heal and Grow will be held in the strictest confidence. We will not release your information to anyone without your prior approval, or as we are required to do so by law. In North Carolina, we are required to notify authorities if we become convinced a client is about to kill themselves, or physically harm someone; or if they are abusing, or about to abuse children, the elderly or the disabled.
5. You are responsible for information security on your computer. If you decide to keep copies of our emails or communications on your computer, it is up to you to keep that information secure. If you are concerned about that possibility, please consider the options to encrypt emails, so that even if someone were to intercept an encrypted e-mail, they would not be able to read the encoded message.
6. Both client and therapist are free to terminate our relationship at any time and for any reasons. If you decide to terminate, for clarity, please give us an indication of this decision. Also if we believe that Teletherapy is not in your best interest, we will explain that to you and suggest some alternative options better suited to your needs.
7. While teletherapy is helpful for many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. You understand that this is not a crisis service, and you accept the distinctions between using teletherapy and face-to-face psychotherapy ***In an emergency call 911 or go to the nearest hospital emergency room. Call toll-free, 24 hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK to be connected to a trained counselor at a suicide crisis center nearest you.***
8. We may need to explore with you your resources and potential supports before focusing on issues that could be overwhelming, as we are foremost concerned to keep this as safe an experience as possible. We will regularly ask about any increase of distress or difficulty that arises between sessions, but it is also your responsibility to bring this to our attention as soon as possible.



## A Place to Heal and Grow

### Informed Consent for Tele-therapy Treatment

Please read and sign this consent and either provide it back to us in the form of a fax or email-attachment.

We will need this form completed before we can begin tele-therapy.

I \_\_\_\_\_, voluntarily request to receive psychotherapeutic services from **A Place to Heal and Grow through tele-therapy**. While I expect benefits from this treatment, I fully understand and accept that because of factors beyond anyone's control, such benefits and desired outcomes cannot be guaranteed.

I understand that the therapist is not providing emergency services, and I have been informed of who/where to call in any emergency.

I understand that regular appointments will produce the maximum possible benefit, but that I am free to discontinue treatment at any time in accordance with the policies of his office.

I understand that I am to provide at least a 24 hour notice of cancellation (except in extreme emergency situations).

I have read the Tele-therapy Information and Informed Consent and fully understand the limits of confidentiality.

I am not aware of any reason why I should not proceed with therapy and agree to participate fully and voluntarily.

I have had the opportunity to discuss all of the aspects of treatment fully, have had my questions answered and understand the treatment planned. Therefore, I agree to comply with treatment and authorize A Place to Heal and Grow to proceed with tele-therapy for me.

I authorize A Place to Heal and Grow to provide appointment reminders or information about treatment alternatives that may be of interest to me through the following methods:

**E-mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Received by counselor: \_\_\_\_\_ Date: \_\_\_\_\_