



## **Informed Consent for Online Treatment**

**Note: This is the Informed Consent form for clients of Karissa Brennan, LMHC, DCC & Cloud Counseling.**

Please read this consent form carefully, as it describes the policies and procedures followed by your therapist. You may print a copy of this form for your records.

### **Types of Service Provided by Your Therapist:**

I offer a variety of online and/or distance therapy formats. You will be interviewed and may be asked to fill out some questionnaires to assist me in determining how best to help you. All treatment will be conducted only with your consent.

### **What You Can Expect from Online Treatment:**

The duration of treatment is different for each person and can be difficult to estimate; I will address any concerns that you have about this. If you are not feeling satisfied with your treatment for any reason, you are asked to discuss this directly with me. I will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to (an)other professional(s) if necessary, and/ or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy, because the process of working on personal issues can be difficult; please be aware of this. You as the client understand that phone, video and email sessions have limitations (as well as benefits) compared to in-person sessions.

You understand that telephone/online psychotherapy with me is not a substitute for medication under the care of a psychiatrist or doctor. You understand that online and telephone therapy may not be appropriate if you are experiencing a crisis or having psychotic or homicidal thoughts. If a life threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room. You also understand that I follow the laws and professional regulations of the State of New York (USA) and the psychotherapy treatment will be considered to take place in the state of New York (USA).



## **Confidentiality of Email and Chat, Cell Phone Communication:**

Therapeutic email and chat exchanges, video sessions and phone sessions are delivered via secure platforms. You agree to work with me online using these or another encrypted email/chat service determined to be suitable by Cloud Counseling. If you choose to email me from your personal email account, please limit the contents to basic issues such as cancellation or change in contact information. If we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. If we are unable to connect or are disconnected during a video or live chat session due to a technological breakdown, I will try to reconnect within 10 minutes. If reconnection is not possible, I will email to schedule a new session time or call from a secure line to continue the session via phone. Be sure to fully exit all online counseling sessions and emails.

## **Dual Relationships:**

Not all dual relationships are unethical or avoidable. However, sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair my objectivity, clinical judgment, or therapeutic effectiveness or that could be exploitative in nature. In addition, I will never acknowledge working therapeutically with anyone without his/her written permission. In some instances, even with permission, I will preserve the integrity of our working relationship.

## **Telephone and Emergency Procedures:**

If you need to speak with me between sessions, please send me a secure message or go to my website to schedule a session. Your message will be returned as soon as possible. Messages are checked daily (but never during the night time). Messages are checked less frequently on weekends and holidays. If an emergency situation arises that requires immediate attention, you may call the emergency National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911 or go to a hospital emergency room.



**Payment for Services:**

Payments for services must be made prior to the time of each session. Current Fees and Services are available upon request.

**Cancellation policy:**

A cancelled or missed appointment postpones your progress. When you must cancel, please give me at least 12 hours notice. I am rarely able to fill a cancelled session unless I know at least 24 hours in advance. In you are unable to provide at least 12 hours notice when you cancel, you will be charged the full fee for your session unless I am able to fill it with another appointment. (Please note that insurance companies do not typically reimburse for missed appointments.) I will waive this fee in the event of serious or contagious illness or emergency.

Your signature below indicates that you have read my website and understand this Informed Consent form for participation in online treatment:

Signature \_\_\_\_\_ Date \_\_\_\_\_