



**Christian Perspective
COUNSELING**

Consent for Online Therapy

This consent is to be discussed and signed in addition to the Declaration of Practices and Procedures as it is intended to describe special concerns related to the delivery of therapy using online videoconferencing. Please read it carefully and ask any questions you may have prior to beginning your online therapy.

Disclaimer

Online therapy delivered via videoconferencing is made available to you as a best practice where it is clinically or logistically indicated (i.e., moving away, lack of Christian counseling in geographic area, etc.). I will discuss with you the option of utilizing online therapy upon such a circumstance arising and will determine if it is a best practice on a case by case basis.

Requirements to Practice

The Arkansas Board of Examiners in Counseling requires that any counselor who conducts therapy remotely achieve a Distance Counseling Certification (DCC). This ensures that the counselor has been trained on HIPPA, privacy, confidentiality and best practice. I have completed this certification and currently offer online counseling as a resource for treatment. This training includes strengths and limitations to online counseling, as well as appropriate clientele. These concerns can be discussed at any time. With this requirement, I am mandated to receive ethical and technical training annually to remain current in best practice models. Please refer to the American Counseling Association for additional information concerning online therapy.

Safeguards

A videoconferencing service will be utilized that is deemed to have a high degree of security via encryption of voice/video data. This encryption doesn't secure the device used to capture the video/voice data (laptop, desktop, or tablet computer) or the network being used by the client to connect to the internet, however. To ensure the highest possible level of security, passwords should be used whenever possible both to limit access to devices or software used to videoconference and to secure home networks. Please keep in mind as well that each of us is responsible for providing a safe and private physical setting for sessions to occur. I may ask you to identify your setting before proceeding with a session and if it is deemed unsafe (i.e., driving) or insufficiently private (i.e., in a restaurant), the session will not be allowed to continue and you may be charged the late cancellation/no show fee according to the Fee Payment Policy.

Confidentiality

While the standards of confidentiality detailed in the Declaration of Practices and Procedures and Notice of Privacy Practices also apply to online therapy, it should be noted that nothing occurring online is completely secure. Such standards, therefore, become much more difficult to maintain. The encryption of the videoconferencing service (i.e., Doxy.me, VSee, Apple FaceTime, etc.), the security of your home network, hardware limitations, hackers, and shared computer access are factors potentially outside of our control and increase the risk of confidentiality being breached. I will make every effort to

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provide secure means for electronically exchanging information for the purpose of online therapy and no recordings will be knowingly made of any of the communications. However, you should consider such factors as are mentioned above before consenting to online therapy. Finally, please be aware that online counseling requires me to use texting your personal cell phone in order to schedule appointments.

Coverage for Online Therapy

While insurance coverage for online therapy is becoming more common, your specific benefits may not cover it so you should explicitly ask your insurance provider regarding any coverage they offer for such services. If online therapy is not a covered service, the rates described in the Fee Payment Policy will apply. You should also discuss with your therapist the frequency of online therapy sessions and make arrangements for the timely payment of copays/fees.

Evaluation

While your therapist will be certain to provide online therapy only as a best practice where reasonably justified, it is important for evaluation (both initial and any occurring periodically) to be done in person to ensure the most accurate clinical impression possible.

Possible Misunderstandings

Please be aware that misunderstandings are possible in online therapy even with videoconferencing. Limited bandwidth and hardware problems may cause video to skip, words to be misheard or not heard at all, or video to stop unexpectedly. Understanding that such difficulties are possible and being patient while such issues are worked out in session are important if you wish to utilize online therapy. In the event that technical difficulties prevent us from videoconferencing, we will attempt to conduct the session via telephone.

Emergencies

In life-threatening emergencies (i.e., the presence of homicidal or suicidal thoughts, abuse situations, medical emergencies, etc.), call 911 or go to the nearest hospital emergency room. For emergency situations (such as non-life-threatening crises), my cell phone number will be provided at the outset of therapy. I can't guarantee that I'll be accessible constantly, and you may be required to leave a voicemail so I can return your call. If this happens, please note that my voicemail is confidential and that I'll call you as soon as I'm able, granted you state clearly in your message your name, phone number, and the nature of your call. In the event that your need(s) require more immediate attention, you may then go to the nearest hospital emergency room or call either of the following statewide resources:

Arkansas Crisis Center
Crisis hotline and online chat
1-888-CRISIS2 (274-7472)
www.arcrisis.org

Conway Behavioral Health Hospital
Assessment and inpatient treatment
1-501-858-3048
2255 Sturgis Road
Conway, Arkansas 72034.

Local Backup

In addition to the above resources for handling emergencies a local backup will be identified at the outset of your online therapy. This may include identifying the nearest emergency room, a 24/7 crisis hotline for your area, or the nearest facility providing emergency psychological services. Upon identifying these resources, I'll discuss with you the plan for utilizing them appropriately, if necessary.



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Acknowledgment of Consent for Online Therapy

I have read, or have had read to me, and understand the above information and have discussed with Mrs. Lindsey the various aspects of the agreement for the provision of therapy services online. I have accepted all other policies as presented, including the Declaration of Practices and Procedures, and hereby give consent by my signature to the online provision of therapy services. I also agreed not to hold liable Sarah Lindsey, LPC or Christian Perspective Counseling for any incidental breach of confidentiality arising from the provision of psychological services online.

Signature of Client

Date

Sarah Lindsey, LPC

Date