

## **Informed Consent**

### **Agreement for Psychotherapy, Medical and Counseling Services**

#### **THE PROCESS OF THERAPY/EVALUATION**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior.

You will be asked for your feedback and views on your therapy, its progress and other aspects of the therapy, it will be important for you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc.

#### **DISCUSSION OF TREATMENT PLAN**

During the first session and throughout this process, your counselor will discuss with you your understanding of the problem, treatment plan, therapeutic objectives and your view of the possible outcomes of treatment. If you have unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the therapists expertise in employing them or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that we do not provide, we have an ethical obligation to assist you in obtaining those treatments.

#### **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, we will never acknowledge working therapeutically with anyone without their written permission. In some instances, even with permission, I will preserve the integrity of our working relationship. For this reason we will not accept any invitations via social networking sites nor will we respond to blogs written by clients. We will respond to email, phone and chat communication only for scheduling purposes outside of the contracted services.

#### **TERMINATION**

During the initial intake process and the first couple of sessions, we will assess if we can be of benefit to you. Your assessment will include your suitability to psychotherapy delivered via technology, chat, phone or video. We will refer clients to local providers if we feel that we cannot effectively meet their needs. We will not accept clients who we cannot help. Both the counselor and the client have the right to terminate counseling at any time.

## PRIVACY & CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Likewise, you are expected to keep our communications confidential and you understand that all records of communication between client and therapist remain the property of the provider.

**When Disclosure Is Required By Law:** Some of the circumstances in which disclosure is required by the law include 1) when there is a reasonable suspicion of child, dependent or elder abuse or neglect; 2) when a client presents a danger to self, to others, to property or is gravely disabled (for more details see also Notice of Privacy Practices form).

**When Disclosure May be Required:** Disclosure may be required pursuant to a legal proceeding. If you are involved in a custody dispute or if you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by the counselor. In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment or unless compelled to do so by law or a valid court order.

**Harm to Self or Others:** If there is an emergency during our work together or in the future after termination I become concerned about your personal safety, the possibility of you injuring someone else or about you receiving proper psychiatric care, we will do whatever we can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, we may also contact law enforcement, hospital or an emergency contact whose name you have provided.

**Confidentiality of E-mail, Chat, Cell Phone, Video and Fax Communication:** iTherapyRX email, chat and video exchanges are secure. You agree to work with iTherapyRX online email/chat/video services determined to be suitable by iTherapyRX. If you choose to use your personal email account, please limit the contents to administrative issues such as cancellation or change in contact information. We will not respond to personal and clinical concerns via regular email. If you call us, please be aware that unless we are both on land line phones, the conversation is not confidential. Likewise, text messages are not confidential. If you are working online, we 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. You are encouraged to communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** I consult regularly with other professionals regarding my clients; however, the client's name or other identifying information is never disclosed. The client's identity remains completely anonymous and confidentiality is fully maintained.

\* Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

#### TELEPHONE & EMERGENCY PROCEDURES

iTherapyRX counselors are not available 24 hours a day. 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.

#### PAYMENTS

Session payments via credit or debit card can be processed through PayPal.

#### FEES

Current rates for therapeutic services are posted on the iTherapyRX website and/or scheduling system.

#### MEDIATION & ARBITRATION

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of iTherapyRX and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

**SERVICE LIMITATIONS**

You as the client understand that telephone, chat and video sessions have limitations compared to in-person sessions, among those being the lack of “personal” face-to-face interactions, the lack of visual and audio cues in the counseling process. You understand that online and telephone services are not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. As stated previously, 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 iTherapyRX follow the laws and professional regulations of the state in which the provider resides and the sessions will be considered to take place in the state in which the provider resides.

**CANCELLATION**

All iTherapyRX appointments are paid for at the time of scheduling and are final with no refunds provided. However, if approved by the individual provider with whom the appointment was scheduled, a follow-up appointment may be re-scheduled at no additional cost. This agreement is strictly between the client and provider and will be handled by the two with no involvement of iTherapyRX. Please contact your provider should this situation arise.

Your signature below indicates that you have reviewed the information available on the iTherapyRX website and have read and understand this Informed Consent and the HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)