

Informed Consent
Distance Counseling Addition
Katharine Ottone, LPC

This informed consent is in addition to the informed consent you have already signed with Katharine Ottone, LPC.

_____(initial) I confirm that I am a resident of the state of Texas or will be within the boundaries of the state during the counseling session.

____ I understand Katharine will ask me for my physical location at the beginning of each session.

____ I understand if the connection is broken, Katharine will call me from a blocked number immediately to complete the current discussion and schedule another time for the session.

____ I understand the video call is a HIPPA compliant service called Doxy.me. I agree to find a quiet and confidential space for the duration of the session.

____ I understand that distance counseling has risks and benefits. Among many benefits, it allows the therapeutic relationship to continue, despite physical separation. There are various risks related to providing technology-assisted counseling services related to the technology used, the distance between counselor and client, and issues related to timeliness. Katharine has chosen a videoconferencing account that is encrypted with a HIPPA compliant secure platform to allow for the highest possible security and confidentiality of the content of my sessions. I understand that my personal information is encrypted and stored on a secure server.

____ I understand that distance 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/homicidal thoughts, clients who are experiencing active manic/psychotic symptoms, or clients who are minors. An alternative to receiving mental health services online would be receiving mental health services face to face with the Katharine or with another counselor. Katharine can and will assist me if I would like to explore face-to-face options in my local area.

____ I am responsible for creating and using additional safeguards when the computer used to access services may be accessed by others. This includes creating passwords to use the computer, keeping my email and passwords secret, and maintaining security of my wireless internet access points (where applicable).

____ I will discuss any concerns with Katharine during our first session so as to develop ways to limit risks.

____ I am aware that misunderstandings are possible with video conferencing software. Misunderstandings may occur since bandwidth is sometimes limited and images might lack detail. Counselors are observers of human behavior and gather much information from body language, vocal inflection, eye contact and other non-verbal cues.

____ Katharine Ottone, LPC has inquired and insured that I understand the limits of confidentiality.

Katharine Ottone, LPC encourages you to only 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. If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled on your phone.

I have been allowed to ask questions and those questions have been answered to my satisfaction.

Client

date

Katharine Ottone, LPC

date