

Client Name:

Date of Birth:

Teletherapy Informed Consent Form

I, _____ (client), hereby consent to engage in teletherapy with Jennifer Manning Plassnig, and Associates, LLC. I understand that teletherapy is the delivery of psychological services using interactive audio and visual electronic systems where the clinician and the patient/client are not in the same physical location. This could include the communication of my medical/mental health information both orally and visually.

I understand that teletherapy has the same purpose or intention as psychotherapy sessions that are conducted in person and due to the nature of the technology used, teletherapy may be experienced somewhat differently than face-to-face treatment sessions. Just as in face-to-face psychotherapy, while I may benefit from teletherapy, this is not guaranteed or assured.

I understand that I have the following rights with respect to teletherapy:

1. The laws that protect my confidentiality of my medical/mental health information also apply to Teletherapy. The information disclosed by me during the course of my therapy is generally confidential. Exceptions to confidentiality have been listed in the Practice Information Form which I received at the start of my treatment.
2. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. If I decide to withdraw consent, I will do so in writing or by email to Jennifer Manning Plassnig, and Associates, LLC, ACHt.
3. I understand that there are potential risks and consequences from teletherapy, including, but not limited to, the possibility of the transmission of my information could be disrupted or distorted by technical failures or could be interrupted by unauthorized persons.
4. I understand that Jennifer Manning Plassnig, and Associates, LLC may withdraw her consent to the use of teletherapy at any time during treatment. She may recommend face-to-face services if it is felt that I would be better served by another form of therapeutic services or if the situation/circumstances change or allow.
5. I accept that teletherapy does not provide emergency services and that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24-hour hotline support.
6. I understand that, for my teletherapy session, I am responsible for: (a) providing the necessary computer, telecommunications equipment, and internet access for my teletherapy sessions; (b) the security on my own computer; (c) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions during my sessions; (d) If I decide to keep copies or emails or communication on my computer, it is up to me to keep that information secure.
7. I understand that while email or texting may be used by me to communicate with Jennifer Manning Plassnig, and Associates, LLC, confidentiality of either cannot be guaranteed.
8. I understand that Jennifer Manning Plassnig, and Associates, LLC will not record any of our teletherapy sessions without my prior written or verbal consent. I understand that she will not have any other person present who can see or hear any part of our session.
9. I will inform Jennifer Manning Plassnig, and Associates, LLC if any other person can hear or see any part of our session before the session begins. The preference is typically to not have anyone else present.
10. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

____ (Initials) I understand the above Rights

Confidentiality

For online sessions, service is delivered using a secure site such as doxy.me or Zoom or Face Time. The client is provided with instructions and a link in order to login. Other secure means of communication such as the telephone may be used if agreed upon by both the counselor and the client.

There are potential risks to confidentiality when using online counseling such as data hacks, password protection, forgetting to log off, a client using their device within public views, and information being sent to the wrong parties. Online counseling does require both the client and the counselor to mutually ensure that all reasonable precautions are taken to prevent accident breaches of confidentiality. In addition, clients agree to not record sessions.

Duty to Warn: As in face to face interactions, a counselor may have to break confidentiality if an individual is going to hurt themselves, someone else, or if someone is hurting them. This is the same for online counseling. In order to ensure the safety of the client, the counselor requires an up to date address, photo ID, and emergency contact information. During the intake the counselor and client will develop a safety plan in case of an emergency. It is important that if any information changes, the counselor is informed immediately

____ (Initials) I understand the limits of confidentiality as outlined above

____ (Initials) I will provide my current address and emergency contact information, and will inform the counselor of any updates to this information immediately

Terminating Online Counseling

While online counseling can be helpful for many, some people do struggle because it does limit the ability for both the counselor and the client to read each other's body language and nonverbal communication. Clients may also need different levels of care at different times during their treatment journey.

At any time if the counselor believes that online treatment is not meeting the needs of the client, they may terminate online treatment. The client may also decide that this modality of treatment is not meeting their needs. If this occurs the client and therapist will discuss a treatment plan and options in order to preserve a continuation of care and that the client's needs are being addressed.

____ (Initials) I agree to the termination guidelines as outlines

Limitations of Online Counseling

Online counseling is not appropriate for all client needs. It is not recommended for clients who are currently experiencing the following: active self-harm ideation, suicidal ideation, and homicidal ideation; clients who are currently experiencing psychiatric symptoms such psychosis, severe depressive episodes, or active addictions. It is not appropriate for those in crisis situations or those experiencing abuse. It is not appropriate for those undergoing trauma treatments. If the client is under 18, appropriateness will be discussed with the parent. Some exceptions may be made if it is only occasional and supplemental to in person treatment.

____ (Initials) I understand the about limitations and to discuss any issues that may exclude me from online counselor with the counselor

I have read, understand and agree to the information provided above.

Signature _____ Date _____

Name Printed _____

Jennifer Manning Plassnig, and Associates, LLC 10709 Birmingham Way Woodstock, Maryland 21163

Emergency Contact 1:

Name:
Phone:
Address:
Relationship:

Emergency Contact 2:

Name:
Phone:
Address:
Relationship:

Emergency Numbers:

911

Grassroots: 410-531-6677

Suicide Hotline: 1-800-273-8255

Domestic Violence Hotline: 1-800-799-7233 (SAFE)