



New Outlook Counseling Center

Internet Therapy & Communications Consent Form

I, _____, am choosing to participate in therapy sessions with New Outlook Counseling Center via the internet, using a video conferencing program.

I understand the following limitations and conditions of internet-based video therapy sessions:

- Any internet-based communication is not 100% guaranteed to be secure/confidential, even when using software that is represented as confidential and HIPAA-compliant. I agree that _____, will be held harmless from any and all consequences if any outside party gains access to our confidential conversations.
- I agree that, in a crisis or emergency situation in which I am considering seriously harming myself or someone else, or am having a severe breakdown in my ability to function safely, I will go to the nearest mental health hospital or Emergency Room. I will reach out to resources I have locally for assistance if I need it. I will review with New Outlook Counseling Center what resources are available to me locally, and will inform them immediately of any changes that occur.
- During sessions or other internet-based conversations, confidentiality should be treated just like an in-office session, by using a private room or space where I will not be overheard or interrupted. I agree to inform New Outlook Counseling Center immediately, if any third party is present, whether in the room or remotely (e.g. over speaker phone, three-way calling, etc.)
- I agree I will give internet-based sessions the same focus as in-office sessions, with no outside distractions, such as cell phones or other computer programs.
- Technical problems can occur using web-based services. If a session or call is
- disrupted, the therapist will attempt calling back for at least ten minutes. If reconnection cannot occur, the session will be rescheduled as soon as possible.
- Online therapy sessions are one (or more) of the following:
 - temporary due to client's need to travel without interrupting treatment,
 - necessary due to client's inability to leave home because of medical problems or significant disability,

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- necessary due to client’s lack of access to face-to-face services within a reasonable distance,
- an informed and willing choice by a preexisting client to continue treatment through this medium rather than seeking a new provider locally, due to the nature of and/or progress made toward vital treatment goals.
- I agree never to audiotape or videotape or otherwise store content from our sessions, or to share such data with any third party without the knowledge and consent of New Outlook Counseling Center to such storage and/or sharing.
- If at any point New Outlook Counseling Center or I believe(s) that I need more support locally, I agree to take timely steps to seek mental health services at an appropriate local facility. I understand that my failure to take such action may be deemed an emergency situation by New Outlook Counseling Center, who may then break confidentiality to communicate with my emergency contacts, or local emergency resources she is able to access, as needed to protect my life and health, in keeping with the ethics of clinical practice.

By signing this agreement, I am agreeing to abide by all the above policies with regard to choosing internet-based treatment services. I also understand that my insurance company may not cover the cost of teletherapy and therefore the responsibility of payment will be placed on me. I agree that I have been informed of the limitations of working in this way, and have been counseled regarding the advantages of finding mental health treatment in which I can participate face-to-face.

If unable to print, sign and email back my printed name constitutes a signature.

Signature of client

Date (mm/dd/yy)

Signature of Therapist

Date (mm/dd/yy)

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