



*Hope Behavioral Health, LLC*

24100 Chagrin Blvd., Suite 330, Beachwood, Ohio 44122

Phone: 800-642-4560

## **Informed Consent for Technology Assisted Behavioral Health Therapy Online Counseling**

Welcome to Therapy! We, at Hope Behavioral Health, LLC, hope that you find your involvement in treatment productive and healing. In order to ensure therapeutic success, there are a few guidelines to share in order to bring about the results we seek. The purpose of this document is to inform you, the client, about many aspects of Online Therapy/Counseling Services; the process, the Therapist, benefits of services the potential risks, safeguards against those risks, and alternatives to online services. **Please read the entire document, sign, and date.** If you are completing this consent away from our office, instructions regarding where to forward the completed form can be found at the end of this document.

### **A. Process**

- 1) Possible misunderstandings: the client should be aware that misunderstandings are possible with telephone, text-based modalities such as email, and real-time internet chat, since nonverbal cues are relatively lacking. Even with video chat software, misunderstandings may occur, since bandwidth is always limited and images lack detail. Hope Behavioral Health, LLC's Counselors, Social Workers, and Marriage and Family Therapists (herein referred to as, Therapist) are observers of human behavior. Therapists gather information from body language; vocal inflection, eye contact, and other non-verbal cues. If you have never engaged in Online Counseling, we ask that you have patience with the process and request clarification of information should you believe that your Therapist has not understood you. Be patient if your Therapist periodically asks for clarification as well.
- 2) Turnaround time using asynchronous (not in "real time") communication such as email entails a "lag" of response. The Therapist will make every effort to respond to email requests within a 12 to 24 hour period. If the client is in a state of crisis or emergency, the Therapist recommends the client contact a crisis line or an agency local to the client. Clients may also utilize 1-800-SUICIDE or 1-800-273-TALK (For the Deaf: 1-800799-4TTY).
- 3) Privacy of the Therapist: although the internet provides the appearance of anonymity and privacy in counseling, privacy is more of an issue online than in person. The client is responsible for securing their computer hardware including the following: internet access points, chat software, email and passwords.

**B. The Therapist** has a right to his or her privacy and may wish to restrict the use of any copies or recordings the client makes of their communications. Clients must seek the permission of the Therapist before recording any portion of the session and/or posting any portion of said session(s) on internet websites such as Facebook or YouTube.

Sessions are generally for 1 hour, unless otherwise agreed upon by the Therapist and Client. It is important that you connect to Online Therapy in a timely manner, so that you will obtain the benefit of your entire counseling session. Please give **at least 24 hour notice**, if you are unable to keep you scheduled appointment. **Notification of cancellation must be over the phone**; email(s) will not be accepted. If you miss or fail to make contact for three consecutive months of counseling sessions do not attend a session or call regarding your treatment within three months, your services will be terminated. If you wish to re-engage in Therapy, you may be put on a waiting list depending on availability.



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**C. Potential benefits** of receiving mental health services online include; the circumstances in which the Therapist considers online mental health services appropriate and the possible advantages of providing those services online. For example, allowing clients to potentially be counseled from anywhere once they can gain an internet signal and operate the necessary hardware. This eliminates issues like transportation and any other psycho-social barriers that would make it difficult for a person to meet a traditional Therapy/Counseling setting.

**D. Potential risks** related to electronic provision of Therapy includes; the technology used, the distance between Therapist and client, and issues related to timeliness. For example, the potential risks of confidentiality may pertain to people accessing the internet from public locations such as a library, computer lab or café should consider the visibility of their screen to people around them. It is recommended that you are in a private setting when engaging in online sessions.

**E. Safeguards** put in place by your Therapist include having selected an account with **www.securevideo.com**. This website is a HIPAA compliant video conferencing tool that allows for the highest possible security and confidentiality of the content of your sessions. Your personal information is encrypted and stored on a secure server. The client is responsible for creating and using additional safeguards when the computer used to access services may be accessed by others, such as; creating passwords to use the computer, keeping their email and chat IDs and Passwords secret, and maintaining security of their wireless internet access points (where applicable). Please discuss any concerns regarding the above items with your Therapist, within your first session or as soon as an issue(s) arise so that strategies can be developed to limit risk.

**F. Alternatives** to the use of Online Therapy may need to be explored. Online Therapy 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, and clients who are experiencing active manic/psychotic symptoms.

An alternative to receiving mental health services online would be receiving mental health services in-person. The Online Therapist can and will assist clients who would like to explore face-to-face options in their area. Please feel free to request a change in Therapist, at any time if you believe a different counseling relationship would be more practical or beneficial for you.

**G. Proxy** will not be accepted for clients, who are unable to give consent such as: children under the age of consent (18 years old in most cases) or clients, who have a legally appointed guardian. The therapist only treats clients who are legally in a position to consent for themselves to receive counseling services.

**H. Confidentiality of the client** is extremely important to the Hope Behavioral Health LLC's Therapist and we will take every possible measure to prevent unnecessary disclosure of information entrusted by our client. Information regarding our client will only be released with his or her permission with the exceptions of the following cases:

- 1) If a Therapist believes that someone is seriously considering and likely to attempt suicide
- 2) If a Therapist believes that someone intends to assault another person
- 3) If a Therapist believes someone is engaging or intends to engage in behavior which will expose another person to a potentially life-threatening communicable disease
- 4) If a Therapist suspects abuse; neglect, exploitation of a minor, or an incapacitated adult
- 5) If a Therapist believes that someone's mental condition leaves the person gravely disabled



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For best practices, Hope Behavioral Health LLC's Therapist conducts Peer Supervision groups. During Peer Supervision groups, Therapist(s) discuss case matters which will aid in ensuring that the best possible interventions are used in the course of therapy. Identifying information, regarding the client, is removed when discussing case(s).

**I. Records** will be maintained, by the Therapist, for online counseling services. These records can include the following: reference notes, copies of transcripts of chat, internet communication, and session summaries. Records are confidential and will be maintained for seven years, as required by applicable legal and ethical standards according to the State of Ohio Counselor, Social Workers, and Marriage and Family Therapist Board. The client will be asked, by the Therapist, in advance of the initial online counseling session for permission to audio or video record.

**J. Procedures** for accessing online session(s) may at time experience technical difficulty and therefore the Therapist might not be immediately accessible. If the client is in a state of crisis or emergency, the Therapist will recommend that the client contact a crisis line or an agency local to the client. The following crisis hotlines are recommended for immediate and emergency situation(s):

- **1-800-SUICIDE**
- **1-800-273-TALK**
- **Hearing impaired: 1-800-799-4TTY**

Clients are asked to work with their Hope Behavioral Health LLC's Therapist to identify local resources, should there be concerns about the timeliness of response(s) and/or access to their respective Therapist.

**K. Therapy fees include the following:**

- Initial Evaluation Assessment fee of \$150 for a 90 minute session.
- Individual Therapy session fee of \$100/hour.
- If you qualify for the sliding scale, you will need to work with your therapist regarding the agreed upon fee

All fees are to be paid at the time of service. Accepted payment methods include; Master Card, Visa, Discover, American Express, Credit/ Debit cards, and Health Savings Account Credit/ Debit Cards.

- a. \_\_\_\_ Check if services will be paid by a Third Party/**In-Network Insurance** such as: Anthem Blue Cross/Blue Shield, Buckeye, Care Source, Cigna, Medical Mutual, Summa Care, Heath Span, Medicare or approved Employee Assistance Program (please indicate the name of the company responsible for services)

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**Name of Responsible Company/Employer**

- b. Please indicate the amount of Co-Pay or Co-Insurance: \_\_\_\_\_  
**Co-pay will be charged the day of session, if applicable.**

**L. Disconnection and/or disruption of Online Service(s)**, the client should call 800-642-4560.



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## **Consent for Technology Assisted Behavioral Health Therapy Online Counseling**

**I have read and reviewed and understand the policies and agree to the conditions of this  
Consent to Online Therapy/Counseling**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions and/or need clarification regarding any information contained within this consent, please talk with the Hope Behavioral Health, LLC's Therapist or call our office at 800-642-4560.

**\*This form may be completed, scanned, and emailed to [amcintosh@hopebehavioral.com](mailto:amcintosh@hopebehavioral.com), or faxed to 888-391-5442.**