

INFORMED CONSENT FOR ONLINE THERAPY

I understand that therapy conducted online is technical in nature and that problems may occur with internet connectivity. Internet availability may be limited disrupted by things such as server maintenance, upgrades, or other problems (such as software or hardware malfunction). Any problems with internet availability or connectivity are outside the control of Claudia Behr, LCSW and she makes no guarantee that such services will be available. Disruption of video sessions due to technical complications will be resumed via telephone by Ms. Behr for the duration of the scheduled session time. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via telephone, a new appointment will be rescheduled. However, any session time utilized at or behind 15 minutes will be charged to you at a prorated amount, and you will not be charged for unused time disrupted by technical complications.

I understand that if either I or Ms. Behr communicates using a cell phone that the conversation may not be secure and therefore not confidential. In the event that our online session is disrupted it will be most secure for us to continue the session when we both are on a land line.

Please note that Ms. Behr has a 24-hour cancellation policy. Should you miss or cancel an appointment within the 24-hour window, you will be charged for the session. Please read Ms. Behr's general Consent to Treatment form (available at www.claudiabehr.com/contact) signed by all clients at the commencement of all counseling and psychological services for additional information.

I understand that communication, e.g. emails and chats, with Ms. Behr via www.vsee.com are encrypted and that emails sent from or to personal mail accounts are not secure. I further acknowledge and agree that all communication of a clinical nature should be sent via the www.vsee.com site. A reasonable attempt will be made to read and respond to the emails received via that site within 24 hours. I further acknowledge and understand that Ms. Behr will not respond to personal and clinical concerns via regular email or texting. Regular email should not be used in the event of a crisis or an emergency. I acknowledge that Ms. Behr may charge me the fees set forth in her fee schedule to communicate with me regarding clinical service through site emails. As a rule, personal and clinical communications (i.e. communication for purposes other than scheduling) should be reserved for scheduled session time (in person face-to-face sessions, video sessions, phone sessions) except in cases of emergency.

I understand that Ms. Behr may not accept my invitations via social media websites, networking websites, or instant messenger, in order to maintain client confidentiality and privacy of all parties.

I understand that if I need to speak with Ms. Behr between sessions to alert her of an emergency, I should call the previously provided phone number at the start of treatment or consultation. My call will be returned as soon as possible. I acknowledge that messages are checked daily, but with less frequency at night, on weekends, on holidays or during scheduled vacation time about which Ms. Behr will notify me of in advance. If an emergency situation arises that requires immediate attention, I should call the emergency National Hopeline Network at 1-800-Suicide/1-800-784-2433 or National Suicide Prevention Lifeline at 1-800-Talk/1-800-273-8255 or dial 911. Hearing and Speech Impaired should call 1-800-799-4TTY/1-800-799-4889. I understand that in the event of a life-threatening crisis I should contact a crisis hotline, call 911, or go to a hospital emergency room.

Additionally, although Ms. Behr has taken substantial steps to ensure the confidentiality and privacy of therapy provided online, she cannot guarantee the security of any internet transmissions or communications. **I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. I understand that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.**

I understand that online therapy with me is not a substitute for medication under the care of a psychiatrist or doctor. I further understand that online therapy is not appropriate if I am experiencing a crisis or having suicidal or homicidal thoughts.

Client Signature

Date