

# Courage Counseling

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## Online Counseling Informed Consent and Confidentiality

This form is for use when a client is seeking counseling services from Priscilla Elliott, MA, LPC, yet the burden of client's travel to the therapist's office would be a barrier to treatment.

1) Online Services are provided through internet video conferencing software called VSee. VSee was selected as it provides the best and most private method to provide online counseling without incurring unreasonable costs. VSee is free for clients to use and will need to be downloaded by the client from <https://vsee.com/>

2) Client acknowledges the limitations inherent in ensuring client confidentiality of information transmitted through online counseling and acknowledges the limitations that are inherent in a counseling process that is not provided face-to-face. Though Vsee takes steps in securing communication, there is a possibility that confidentiality could be breached. For information on VSee's privacy policy, please access <https://vsee.com/privacy>

3) Counselor assures client that she will be alone in a room with the door closed and will take every precaution reasonable to ensure client confidentiality in counselor's location. It is the responsibility of the client to take appropriate privacy measures at their own location.

4) Client acknowledges that counselor has informed him/her that she has limited training in the area of internet counseling.

5) Client acknowledges the various pros and cons of online therapy including such disadvantages as lack of visual and auditory cues and the limitations of confidentiality via technology, and advantages that include easy scheduling, time management, and a no need to incur transportation costs.

6) Client understands that if a technology breakdown occurs during a session, such as a disconnection, the counselor will make every effort to reconnect within 5 minutes and if unable to do so, will contact client immediately via telephone. **Best phone number to use if disconnected:** \_\_\_\_\_

7) Client agrees to pay for each session by (choose one): \_\_\_ Mail check \_\_\_ Read off credit card info each session, OR \_\_\_ Keep credit card information on file for charge by therapist per session (enter below).

Name as printed on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security code (CV) on back: \_\_\_\_\_

**Client Name Printed:** \_\_\_\_\_

**Email to be used for VSee account:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_