

Courage Counseling, PLLC

Priscilla Elliott, MA, LPC, SEP

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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 (distance or weather), risk of in office exposure, or health (suspected or confirmed) would be a barrier to treatment.

1) Online Services are provided through internet video conferencing software called VSee and/or Google Meet. VSee and Google Meet were selected as it provides a quality private method of 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 and Google Meet takes steps in securing communication, there is a possibility that confidentiality could be breached.

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 (including No Show and <24 hour cancellation) by (choose one):
___ Mail check ___ Zelle OR ___ Keep credit card information on file for charge by therapist per session.

Client Name Printed: _____

Email to be used for VSee account: _____

Client Signature: _____

Date: _____