

ANNE MINITER MCKAY NCC, LPC
ANNE MINITER MCKAY COUNSELING, LLC
LICENSE#0701004304
487 B CARLISLE DRIVE, HERNDON, VA 20170
INFO@ANNEMCKAYCOUNSELING.COM
VOICE/TEXT: 703-328 4937

Informed Consent for Participation in E-Therapy Counseling Treatment

Client Name: _____ Cell Phone: _____
DOB: _____

Minor Child Client Name : _____ Cell Phone: _____
DOB: _____

Please read this consent form carefully, as it describes the policies and procedures followed by this office regarding the use of E-Therapy as a technological connection means for counseling treatment. For the purposes of definition, E-Therapy is defined as counseling treatment with this office which occurs not in physically present sessions in the office but through internet access through the likes of Skype, Facebook or similar technological availabilities.

What You Can Expect from E-Therapy Counseling Treatment:

1. This office requires that online E-Therapy counseling treatment must be preceded by the initiation of an appropriate number of in-person office sessions as determined by this office.
2. E-Therapy is only offered at my sole discretion and provided on a temporary basis (see below).
3. This office agrees to provide these sessions only as a transitional means to continue counseling support when a client is temporarily relocated out of town for the likes of a) college, b) extended business travel, c) temporary residence relocation, or d) emergency or ongoing critical medical condition of either the client or family member which makes reliable attendance at in office sessions difficult.
4. E-Therapy sessions must be coordinated with your attendance of in-office in-person sessions every 2 months or as close to this schedule as reasonably possible unless "d" above is situation which provides for an exception.
5. You as the client understand that E-Therapy sessions have limitation (as well as benefits) compared to in-person sessions, among those being the lack of true in person "personal" face-to-face interactions and the lack of in-person full body visual and audio cues provided in the office based therapy process.
6. You understand that E-Therapy online counseling therapy is not appropriate treatment if you are experiencing a crisis or having suicidal or homicidal thoughts. If a life threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.
7. You understand that this office follows the laws and professional regulations of the State of Virginia (USA) and the counseling treatment provided through online E-Therapy will be considered to take place in the legal jurisdiction regulations of State of VA (USA) where this office physically exists.

Confidentiality:

1. You as the client agree to work with me using E-Therapy counseling treatment as a mode of access using either Skype or Facebook or other similar online technology. Should the computer system not be working, please be aware that unless we are both on land line phones, should a session occur via cell phone our conversation is not guaranteed confidential.
2. This office makes will provide a confidential private conversation physical space for these sessions to occur in. Please determine that you as well have privacy in the room you are in as I cannot ensure this from my end. This would include privacy from family members, co-workers, supervisors, and friends overhearing our conversation.

3. I encourage you to only communicate through a computer that you know is technologically safe wherein your confidentiality can be ensured. Be sure to fully exit all online counseling sessions.
4. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible and a significant portion of the session time is left, we will schedule a new session time to finish no charge.

Cancellation Policy: Unless an emergency, you will be billed at your full fee rate if you miss an E-Therapy appointment without providing at least 24 hour notice.

I/We consent to the above described E Therapy treatment parameters for myself/my minor above named child.

Client Name: _____

Client Signature: _____

Minor Child Mother Name: _____

Signature: _____ Phone: _____

Minor Father Name: _____

Signature: _____ Phone: _____

NOTE: Both parents' signatures are required for Minor Child Client unless legal papers provided to document sole authority required by only one parent to authorize medical care.