

# Informed Consent for Internet Assisted Counseling

## Ebenezer Counseling Services v8.2

I the undersigned, declare that I understand the inherent risks and privacy concerns present in counseling via the Internet (ZOOM, Skype, Facetime, DOXY-ME, remoteEMDR for EMDR sessions, etc.) EMDR is a specialized therapy for trauma issues. Despite the concerns, I believe that using the internet to be the most effective method providing distance counseling (TeleHealth) and authorize Ebenezer Counseling Services (ECS) to provide counseling or remote EMDR sessions via the Internet. I understand that my TeleHealth counseling sessions are not recorded by ECS nor by myself and that my TeleHealth sessions are not stored in any way.

With all technology, there are also some limitations. Technology may occasionally fail before or during our session. The problems may be related to internet connectivity, difficulties with hardware, software, equipment, and/or services supplied by a 3<sup>rd</sup> party. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video, the therapist will either use the in-session video chat to troubleshoot or will call you back to complete the session. Please list your main number and an alternate number here: \_\_\_\_\_.

In the event of an emergency during a TeleHealth session, I understand that I can call 911, or I could go to my nearest emergency room, or I could call the ECS Therapist on call at 865-850-7818. I agree that my therapist may send medical/psychological/law-enforcement help in the event of a life-threatening emergency during TeleHealth. Additionally: my emergency contact to call is \_\_\_\_\_, phone \_\_\_\_\_.

If I send electronic messages through my portal to my therapist during the course of therapy, I do not expect my therapist to review or respond to my messages in any defined time period. I understand that I can discuss my message(s) at my next counseling appointment.

By agreeing to Internet counseling with ECS, I understand that ECS will keep all information confidential to the degree that ECS has ability; however, I acknowledge that I am responsible for the security of my home computer or electronic device to ensure that electronic information remains confidential. I also affirm that I will ensure that I am the only person present in the vicinity of my computer or electronic device during my counseling sessions. I acknowledge that Internet communications whether email or other TeleHealth methods are not secure, and I am willing to take the risk in order to proceed with the counseling process.

\_\_\_\_\_  
1<sup>st</sup> Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
2nd Signature

\_\_\_\_\_  
Date

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