

E-THERAPY INFORMED CONSENT

Engaging in therapy by telephone or by webcam has a wide range of benefits, including more flexibility in scheduling, reduced travel time, access to counseling services from the privacy of your home or office or from remote areas or when mobility is limited. E-therapy services, however, also have limitations inherent to this type of service delivery option and it is important that you, as a consumer of such services, are aware of the limitations. These include but are not limited to:

1. Potential for unstable or lost electronic connection via internet or phone lines, thereby causing disruption to the therapeutic process. Be assured that in the event that technical problems interfere with the e-therapy appointment, billing will reflect only minutes of quality online therapy with a good electronic connection.
2. 2. Less ability to see important characteristics in communication such as detailed facial expressions or non-verbal gestures which are normally present in an in-person session.
3. 3. Potential for the clinician to misunderstand important cultural nuances if you live in a different culture than the therapist.
4. 4. Complications in obtaining support in the event of an emergency. Clinicians will make every effort to contact your local emergency services or emergency contact(s) provided by you in the e-therapy consent form. Since the therapist is trying to accomplish this at a distance it may be more complicated than it would be in a clinical office setting.
5. 5. Potential limits in privacy in the end user environment. Bevill and Associates LLC maintains the security and privacy of its software, phone connections, internet connections, and the physical office space it operates in, but it cannot guarantee the security and privacy of your software, phone connections, internet connections or the physical space you are in while receiving e-therapy services.
6. 6. Certain situations may not lend themselves well to an e-therapy service delivery option. These types of cases include high suicide risk and domestic violence. Your therapist will

inform you if he or she feels you would be better served by in-person counseling and will present alternative counseling options in such an eventuality, including local services. E-

THERAPY CLIENTS NOT PREVIOUSLY SEEN IN OUR OFFICE

If this is your first e-session with us by telephone or by webcam and you have not previously been seen face-to-face in our office, we require that you take the following steps prior to beginning your first therapy session. We require each person who will be participating in the online appointment to complete these steps.

1. Complete the New Client Intake forms. These documents can be found in your initial appointment confirmation email or on our website at <http://www.nathancobb.com/clinicalintake-forms.html> . You may also call our office to request a copy.
2. Complete and sign page 3 and page 4 of this document.
3. Scan the New Client Intake forms, as well as page 3 and 4 of this document to your computer prior to the start of the appointment. Email these documents to info@bevillandassociatesllc.com If you prefer, you can also fax them ahead of time to our office at 205-610-9319 if you do not wish to scan them. We must receive your completed paperwork by the start of the first e-therapy session. If these forms have not been prepared by that time, we will not be able to proceed with the scheduled session, resulting in an unexcused late cancellation.

E-THERAPY CLIENTS PREVIOUSLY SEEN FACE-TO-FACE IN OUR OFFICE

If this is your first e-session with us by telephone or by webcam, but you have been seen in our office before by your therapist, we only require that you complete this document. You do not need to complete the New Client Intake forms. If more than a year has passed since your last session with us and your contact details have changed we may request that you also complete an updated copy of the New Client Intake forms.

YOUR PRIVACY

1. E-therapy sessions are not recorded by Bevill and Associates LLC. on any hard drives, servers, or on any other media storage device.

2. Bevill and Associates LLC. and its contracted representatives are bound by law to protect your privacy and confidentiality. If you believe anything in the process compromises your privacy please inform our administrative staff immediately.

ACCEPTANCE OF E-THERAPY INFORMED CONSENT

I have reviewed the E-Therapy Informed Consent document (page 1 and 2 of this document) and I have been informed of and accept all of the conditions and stated limitations of e-therapy sessions.

_____	_____	_____
Print Name	Date	Signature

LOCATION

In order to take part in e-therapy sessions you must provide us with the specific location from which you intend to conduct your webcam session(s) and the name and contact information of an emergency contact person. This information is necessary in the event of an emergency and for your safety. Address where I will conduct my e-therapy sessions Same as the home address already listed on my Contact Information form Or (if different):

Street _____

City / State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION

Name of Relative _____

Relationship to Me _____

Phone Number _____

Address (Street, City, State) _____

_____P

PHYSICIAN CONTACT INFORMATION

Name of Physician

Address (Street, City)

Phone Number

LOCAL DISTRESS CENTRE CONTACT INFORMATION:

Phone Number

City

LOCAL HOSPITAL

Name of Hospital

Address (Street, City)

Phone Number

If you have questions or comments about e-therapy counseling, please e-mail us at
info@bevillandassociatesllc.com