

ASSOCIATED PSYCHOLOGISTS, PLC. A Michigan Professional Limited Liability Company

_____ (“Therapist”)

19900 E. Ten Mile Rd.
St. Clair Shores, MI 48080
(586) 776-3376

_____ (“Client”)

TELEHEALTH/ONLINE THERAPY - INFORMED CONSENT

Online Therapy:

It is my expectation that you will benefit from online therapy as all or part of your Psychotherapy/Counseling, but there is no guarantee. This type of Therapy is conducted using interactive audio and/or video and/or email, and in compliance with Michigan Law **2016-PA-0359 and MCL 333.16284 et seq.** Online-based services may not be appropriate for your need. If I assess that face-to-face is more appropriate, I will offer an appointment or provide referrals.

Confidentiality:

The information disclosed during the course of my online Therapy/Telehealth is confidential, however there are legal exceptions both mandatory, and permissible, including child, elder, and dependent adult abuse; threats of harm to self or others. Therapist will take all precautions to ensure online therapy is confidential, using platform such as *Skype, Facetime*, or other forms of electronic communication. The Client is informed that transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons. During online Therapy/Telehealth sessions, I will take all precautions to ensure that the sessions are confidential; however, transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons. I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, and friends. I encourage you to only communicate through a computer that you know its security can be maintained, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions. Client assumes all risk related to technical failures or unauthorized access by unauthorized persons. Therapist in compliance with HIPPA and laws of the State of Michigan will maintain the clinical record.

Appointments and Charges for Services :

My office will process appointments and charges.

Limitations:

It is important to realize that online Therapy, or Telehealth, is intended to provide quality information, practical answers to psychological issues, and solution focused therapy for present problems. This service is not intended to provide in-depth psychotherapy, bodywork therapy, and emotionally focused therapy as this particular venue is not entirely suited for such purposes. It is my expectation that you will benefit from online Therapy, or Telehealth, as all or a part of your counseling services; however, there is no guarantee. Online based services as care may or may not be appropriate for your needs. If I assess that face-to-face is more appropriate, I will offer an appointment or provide a referral resource.

When should I seek traditional mental health treatment rather than online therapy?

1. If you are having thoughts of harming yourself (e.g. suicidal thoughts) or harming someone else (e.g. violent thoughts toward others) or psychotic symptoms. Please call 911 or 1-800-SUICIDE which is the National Suicide Hotline.
2. If you are in an abusive or violent relationship.
3. If you have been seriously depressed.
4. If you have serious substance abuse.
5. If you are a minor (under 18 years old).

Emergency contact with the Therapist will be limited as phone access is not immediately available. If you need emergency assistance you will have to contact local emergency resources, such as 911, crisis hotline, and the hospital emergency room.

By signing this form:

1. I agree that I reside in the state of Michigan.
2. I am aware that a "HIPPA Notice of Privacy" is available for me to read at our Office listed above.
3. I agree to participate in online Therapy/Telehealth and I have read, understood and comply with the agreed upon policies.
4. I assume all risk related to technical failures or unauthorized access by unauthorized persons to online Therapy/Telehealth
5. I am aware that Therapist, and Associated Psychologists, PLC. are complying with the State of Michigan laws concerning Telehealth/online Therapy/Psychotherapy online.

Signature of “Client”

_____ Date

I agree that the signature I have entered above may/will be the electronic Representation of my signature and initials for all purposes when I use them on documents, including legally binding contracts - just the same as a pen-and-paper signature.