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Distance Counseling Informed Consent Form

(for clients who wish to engage in distance counseling: phone or visual telecommunications)

Distance counseling, also called mental teletherapy, is defined as counseling using electronic, telephone or visual telecommunications. Mary Lou will collaborate with client as to whether long distance counseling is the more appropriate means by conducting therapy, rather than face-to-face; and Mary Lou prefers to meet with client initially for 2-4 sessions before engaging in Distance Counseling.

Distance Counseling Options Offered & Client Privacy: I, the client, understand that Mary Lou currently offers distance counseling via phone and visual telecommunication. She offers the visual telecommunication option of VSee (which is HIPAA and HITECH protected). I fully understand that distance counseling via phone sessions is not HIPAA protected.

Technology Failure: I, the client, do understand that in the event of a technology failure during a phone or visual telecommunication session immediate steps will be taken by the therapist to reconnect. Contact via email is the last resort to failed phone and visual telecommunication reconnection, but therapy will not be continued by email. I, the client, will confirm receipt of successful contact. The compromised appointment will be rescheduled and, unless other arrangements are made, will be billed at the full rate.

Recording of Sessions: I understand that Mary Lou will not record my visual or phone sessions, unless there is an explicit written consent by me for reasons that clearly benefit my treatment.

I understand that in the event of an emotional emergency, and I cannot reach Mary Lou, I can follow this Emergency Plan:

- Call 911 or local emergency response team
- Go to the nearest emergency room
- Contact the local crisis center

I understand that I have the option to choose the methods of telecommunications that I prefer and that I must “opt in”.

Check all that apply:

Distance Counseling Using Visual Telecommunication:

I give my consent to use VSee, that is HIPAA compliant, for my distance counseling

Distance Counseling Using Phone: My Consent:

I give my consent to use the telephone for my distance counseling.

- I have had ample opportunity to ask questions and receive clarification about these options and this policy.
- I will comply with the above plans set up to address the potential risks of distancing counseling and discuss any aspects that require my participation in the planning.
- I understand that I have the option to choose which telecommunication method(s) I prefer.
- I have “opted in” for the electronic technology that is acceptable to me at this time.
- I understand that I have the option to change my mind about any of my choices listed above and I will do so in writing.
- I do recognize the potential risk of compromise to my confidentiality by using phone or visual telecommunication.
- I wish to proceed knowing these risks.

Client’s Signature

Date

