2700 South Roan Street, Suite 435 Johnson City, TN 37601 P: 423.408.8041
support@journeycentercounseling.com

Phone/Online Session Informed Consent

I hereby consent to engaging in phone or secure online video sessions, through my therapist's secure iPlum, Doxy, or Zoom platform, as part of my psychotherapy, **should I be unable to obtain transportation or should inclement weather make travel to the office difficult**, or should my therapist and I agree that this mode of treatment may best meet my individual needs.

I understand that phone and online sessions include the practice of counseling, consultation, treatment and education using interactive audio, video, or data communications. I understand that these communications may not be covered by my insurance company, and I assume full responsibility for any fees incurred during psychotherapy which incorporates telecommunication.

I understand that I have the following rights with respect to phone and online sessions:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

(2) The laws that protect the confidentiality of my medical information also apply to phone and online sessions. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential, as disclosed in the informed consent document. I also understand that the dissemination of any personally identifiable images or information from the phone or online interaction to researchers or other entities shall not occur without my written consent.

(3) I understand that there are risks and consequences from phone and online sessions, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that phone and online psychotherapy services and care may not be as complete as face-to-face services, and results cannot be guaranteed. I also understand that if my therapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will work with my therapist to find a time to come into the office for the recommended treatment to meet my goals.

I have read, I understand, and I agree to the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

_____

Printed Name of Client Signature of Client Date

_____

Printed Name of Legal Guardian Signature of Legal Guardian Date
Relationship to client: _____

Client: **Date of Birth:**