

LifeCare Counseling and Coaching

Main: 1601 Jones Franklin Road, Suite 104, Raleigh, N.C. 27606 (919) 851-1527 Fax (919) 851-3555

West: 1709 Legion Road, Suite 104 & 111, Chapel Hill, NC, 27517

Brier Creek: 8801 Fast Park Drive, Suite 107, Raleigh, NC 27617

Holly Springs: 190 Rosewood Centre Dr., Ste 100, Holly Springs, NC 27540

Distance Counseling/Psychiatric Consent Form

This consent form and agreement is provided for clients or patients interested in conducting therapy or medical sessions online with a licensed provider at LifeCare Counseling & Coaching. Please read this document entirely before signing.

Restrictions and Risks

Online counseling or psychiatric visits can mean problems with technology at times such as limited internet activity. This is not the fault of LifeCare, nor will the client or patient be held responsible. In addition, misunderstood cues or responses are possible. Depending on the amount of interference or issues it is up to the provider and client/patient to decide on rescheduling the appointment. Finally, with online counseling or medical visits there is the potential for computer hackers who might compromise confidentiality and privacy. It is advised that the client/patient have safeguards on their electronic devices.

Confidentiality

In-order to conduct a distance counseling/medical session, a client/patient or couple must be at least 18 years old to consent to treatment or a family session may be conducted. The client(s) or patient(s) must be in a closed room with no interruption or distraction for the entire session period. In addition, have access to an electronic and confirm their appointment through the email reminder they receive.

As in-person sessions are conducted and reviewed, in the same way LifeCare practitioners may need to violate confidentiality and take appropriate action if something is shared in session involving child abuse or neglect in addition to any intent to harm oneself or another. The distance counseling/medical session means it is difficult to determine a full understanding of expressions or body language due to electronic interferences; therefore, when needed appropriate action will be taken to ensure safety for all clients/patients as well as outside relationships discussed.

Notes / Records

The provider's psychotherapy notes will be kept confidential and secure in a locked device or casing in addition to the practice's medical software which is HIPPA compliant. LifeCare Counseling & Coaching is held to the state and national Code of Ethics standards and will maintain confidentiality and privacy as best as possible; however, due to the nature of online communication we cannot always guarantee 100% safety. In addition, the client/patient will always be asked prior to each session whether or not a video or audio session may be recorded.

Insurance / Cancellations

A client/patient can decide to end distance counseling/medical sessions at any point. However, clients/patients are held financially responsible for the current session in addition to LifeCare's fees and cancellation policies. Those fees are listed on your provider's Professional Disclosure Statement. These policies include:

- *24 hour cancellation required by email to their provider **and** office administrator (office@lifecarecc.com) OR a phone call to the office (however, the client or patient must speak to someone to confirm cancellation)*
- *if a client/patient wishes to use insurance, they must call the office prior to the appointment and provide this information; using insurance means a diagnosis code will be given*
- *clients/patients must provide a credit card to be on file as well as basic information like email*
- *if a client/patient is late to session or must end early, they are still expected to pay for the entire session*

Emergencies

If the client/patient is in a state of crisis or emergency, they should dial 911 or go to the local emergency room. Clients/patients may also utilize www.Befrienders.org, 1- 800-SUICIDE or 1-800-273-TALK. Deaf clients can call 1-800-799-4TTY.

The provider may not always be available to respond immediately to emails or phone calls from the client or patient.

After reading this document entirely, I agree to admit I understand each piece of this document and by signing I have decided to move-forward with virtual sessions.

Client/Patient Signature

Date