

## ONLINE THERAPY – INFORMED CONSENT

**Online Therapy:** It is my expectation that you will benefit from online therapy as all or part of your psychotherapy, just as you would for traditional office appointments. Therapy is conducted using interactive audio and video that is highly secure, encrypted, and HIPAA compliant. Online based services may not be appropriate for your needs. 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 therapy 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, or if court ordered. Therapist will take all precautions to ensure online therapy is confidential, but client is informed that transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons. Accordingly, clients are expected to ensure confidentiality on their end. This includes participating in their sessions in a closed room versus common living areas and making sure they are not disrupted during their sessions.

**Appointments and Charges for Services:** All payments policies are still applicable for online appointments. If you fail to show up for your online appointment or do not give 24 hours notice to cancel, your card on file will be charged the full session fee. (See payment contract for further information)

### **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 then immediately call Please call **911** or **1-800-SUICIDE**, which is the National Suicide Hotline or the **Psychiatric Intervention Program (PIP) at 609-344-1118**.
2. If you are in an abusive or violent relationship.
3. If you have been seriously depressed.
4. If you have serious substance abuse dependence.

### **Procedures should we encounter technical difficulties or disruptions in service:**

It is understood that when communicating by internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. Please know that I would never intentionally disconnect from our session. Should a disruption occur at a time of crisis, the client agrees to log back onto online platform or immediately phone me at **609-576-2586**.

### **By signing this form:**

1. I agree that I reside in the state of New Jersey and will provide copy of NJ driver's license.
2. I agree to participate in online psychotherapy with Hilary Akman, LPC. I have read, understood, and comply with the agreed upon policies.

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Signature of Client

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Date

**○ By bubbling the circle, I agree that the signature I have entered above 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 pen and paper signature.**