

Women's Solutions LLC

1 East Broad Street, Ste. 130-1073 Bethlehem, PA 18018 610.866.6855

INFORMED CONSENT for TELETHERAPY

I, _____ am choosing to facilitate my counseling / therapy sessions via the internet using VSee (www.vsee.com) with Jackie L Gower, LPC. By choosing this option I understand that:

- VSee is an online communication tool allowing face-to-face video, voice, or text-based chat dialogue. VSee video is encrypted using the same standards utilized by the US government to protect sensitive information.
- Appointments will be made via the VSee program or via email (wsolv@yahoo.com).
- Please be prepared 5 minutes prior to your appointment. Please be alone in a private setting. Sessions will NOT be conducted if you are driving or riding in a car.
- For best picture and audio quality, please use a hardwired connection (via LAN cable) whenever possible. Headphones or earbuds add additional security.

I also understand the following limitations of using video applications for therapy sessions:

- Any internet-based communication is not 100% guaranteed to be secure / confidential. I agree that Jackie L Gower, LPC, will not be held responsible if any outside party gains access to personal or confidential information by bypassing the program security measures.
- In a crisis or emergency situation that needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call the National Suicide Hotline (1-800-784-2433); call 988; call Crisis (610-252-9060 NC / 610-782-3127 LC); text Crisis (741 741); or go directly to the closest Emergency Room.
- Confidentiality should be treated like an in-office session: no outside distractions, turn off the volume on your cell phone, close other computer programs, and be on time for the session.
- Technical problem could occur. If the video is disrupted, the therapist will reconnect the session; call your cell using FaceTime; or call you for a phone session. If a reconnection cannot occur, the session will be rescheduled through email.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____