Definition of Online Therapy

Online therapy involves the use of electronic communications to enable Emmanuel Bioh, Ph.D., LCSW to connect with individuals, as a mental health professional, using interactive video and audio communications. This includes but is not limited to psychological health care delivery, diagnosis, consultation, treatment, education, and the transfer of clinical data.

I understand that I have the rights with respect to Online Therapy:

1. I understand that there are risks, benefits, and consequences associated with online therapy including but not limited to, despite reasonable efforts, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies. I also understand that the dissemination of any personally identifiable images or information from the online therapy interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of online therapy during my care at any time, without affecting my right to future care or treatment.
3. I understand that there will be no recording of any of the online sessions by either party. As such, I understand that the information disclosed by me during my sessions is generally confidential. It may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law. Such as mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others.
4. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that online therapy may not be appropriate, and a higher level of care is required.
5. I understand that my express consent is required to forward my personally identifiable information to a third party.
6. I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
7. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based therapeutic services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

**PAYMENT FOR ONLINE THERAPY SERVICES**

Payment for online therapy services is due at time of service and must be paid by credit card or debit, and other payment system available on our website. Credit cards will be stored in our secure electronic vault that is PCI-DSS compliant. Card will automatically be charged at the time of appointment for payments due.

**PATIENT CONSENT TO THE USE OF ONLINE THERAPY**

I have read and understand the information provided above regarding online therapy, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of online therapy services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of online therapy services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.