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Distance/ Teletherapy Consent

Dear client,

This agreement is designed to provide you with information about the expectations and limitations of our distance work together via phone/FaceTime/Zoom or other online means of communication. The purpose of this agreement is to specify a set of mutual expectations between you and me; its goals are clarification and communication. This is not an exhaustive review of all treatment variables and issues so please feel free to ask any questions you may have.

What does “Teletherapy” work mean?

Tele-therapeutic work is different from traditional face-to-face counseling and psychotherapy in its strengths and weaknesses. Online or telephone therapy is not designed for diagnosing, assessing, or treating high-risk and life threatening mental health disorders. It is offered as a treatment option for people who are, for various reasons, unable to receive face-to-face services that are most appropriate for them, or when a therapeutic relationship has already been established and the client wishes to continue their work despite relocation or limited mobility of either one of the parties.

Teletherapy has been shown to be an effective therapeutic tool, but it has also distinct limitations, which should be carefully taken into account when you decide to begin this type of work. Please review the following section and discuss any questions or concerns with me before you sign this agreement.

Limitations and Risks of Teletherapy and How They are Handled:

- During treatment, you may be faced with intensely difficult and painful, immediate or potentially dangerous life circumstances. These situations are best helped by face-to-face professional local support. If you begin to feel overwhelmed, desperate, or suicidal you will need to contact local emergency services or meet with a designated mental health clinician in your area to receive immediate help. At the beginning of our distance work we will identify these services, and make sure you have access to them in case of need.
- Video-conferencing, email, or telephone exchanges may not provide the necessary information for a clinician to reach a meaningful diagnosis or

accurately monitor changes in your mental health status; therefore you accept responsibility for evaluating your mental health needs, disclosing changes in your condition, and seeking appropriate help in doing so.

- Technical difficulties may occur and disrupt the online session. Battery charge and internet connectivity will be shut down in case of power outages, cell-phone reception may fail, computers can crash and internet connectivity may become too slow to support a conversation. In case of a technical problem that cannot be repaired on the spot, another appointment will be made at the earliest convenience to make up for the time lost at no additional charge. If you wish to schedule a full additional session, a fee reduction may be discussed.
- Misunderstandings are possible with text-based modalities such as email and text (since nonverbal cues are relatively lacking), bodily/ facial cues are absent in telephone work and these cues are not always clear in a videoconference. To better our chances of achieving an open and meaningful mode of communication, when such issues occur they should be brought up and discussed as part of treatment.
- Although telecommunication sessions occur in real time, they do not provide the same experience as a face-to-face meeting. For some people the distance and privacy of an online session may feel more comfortable and freeing, and for others it will lack the intimacy of a real face-to-face encounter. If at any point you may feel like the electronically mediated experience inhibits your work, please let me know.
- All other issues related to appointments, confidentiality, fee, cancellations, contacting me, and emergencies have been outline and remain the same as in our initial disclosure form.

Informed Consent:

- In order to begin teletherapy, you agree to the following:
- I verify that I am of legal age and fully competent to consent to receive counseling services without permission of a parent, legal guardian, or other authorized parties.
- I understand that while neither Kate Mazuy nor I record our videoconferencing session, online service providers may keep a record of video conversations for a certain amount of time in their servers. Although this is highly unlikely, such records could theoretically be summoned by court like other records of our work together.

- I also understand that the security of my emails cannot be guaranteed. It is possible, though unlikely, for emails to be intercepted and for computers to be broken into. Any online communication we have is not as secure as a face-to-face meeting in which records do not leave any electronic traces.
- I have been informed of circumstances in which online or telephone counseling/ psychotherapy is not the appropriate or most effective treatment. In particular, in the event of an emergency, either medical, psychiatric, or of other type requiring face-to-face intervention, I understand that it is my responsibility to seek such help and inform Kate of any changes to my situation.
- Video-conferencing sessions will be conducted in a manner most closely emulating a regular face-to-face session. To ensure confidentiality and the safety of the therapeutic container, both parties should be comfortably situated in private rooms, with no other people present or listening to the conversation, unless otherwise agreed upon in advance.
- I understand that there are no other explicit or implied commitments in our telephone or online relationship.
- I feel it is in my best interest at this time to continue my pre-existing therapeutic relationship with Kate via phone/internet.
- I understand that receiving online or telephone therapy will be a different experience than my face-to-face meetings with Kate and I accept it as a fairly new and experimental form of therapy.

I have read and discussed this distance/online work agreement with Kate. **By signing this form I acknowledge that I understand the information above and I consent to treatment.**

Signed: _____ Date: _____

Printed Name: _____