



# Ministries for *Synergetic Wellness*

**P.O. Box 4256, Beaufort, SC 29903**

**Located at 2201 Boundary Street, Carolina Cove Executive Center, Suite #208**

**phone 843-770-9947 fax 843-525-6118**

**[www.MinistriesForSynergeticWellness.org](http://www.MinistriesForSynergeticWellness.org)**

A 501(c)(3) non-profit bringing health professionals together to use the right holistic healing at the right time to those with mental and physical conditions, who cannot get access to integrative and healing art options

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## Informed Consent for Technology Assisted Counseling

The purpose of this Informed Consent for Technology Assisted Counseling is to inform you, the client, about the process of online counseling services, the counselor and the potential risks and benefits of these services. The purpose is to also help safeguard you, the client.

This consent is an addendum to the face-to-face informed consent you, the client, are required to sign. Please read the entire document and place a check mark on last page, stating you have read the document, sign and then mail, fax, or email a scanned copy to the address located at the top of the page.

### The Technology Assisted Counseling Process

A. Privacy and Confidentiality Maintaining client confidentiality is extremely important.

The counselor will take extraordinary care and consideration to prevent unnecessary disclosure. Information about the client will only be released with his or her permission with the following exceptions regarding technology use:

Although the internet provides the appearance of anonymity and privacy in counseling, privacy is more of an issue online than in person. The client is responsible for understanding the potential risks of confidentiality being breached through unencrypted email, lack of password protection or leaving information on a public access computer in a library or internet café. Other potential risks of breaching confidentiality could include messages failing to be received if they are sent to the wrong address or if they are just not noticed by the counselor. Confidentiality could be breached in transit by hackers or internet service providers or at either end by others with access to the client's account or computer.

Clients accessing the internet from public locations such as a library, computer lab, or café should consider the visibility of their screen to people around them. Position yourself to avoid others seeing your screen. Using cell phones can be risky in that signals are scrambled but rarely encrypted. The counselor has a right to his or her privacy and may restrict the use of any copies or recordings the client makes of their communications. Clients must seek the permission of the counselor before recording any portion of the session and/or posting any portion of said sessions on internet websites such as Facebook or YouTube. The client is responsible for securing their own computer hardware, internet access points, chat software, email and passwords that are encrypted, secure, and HIPAA compliant when possible. If encryption is not made available to client, client should be aware that they are risking unauthorized monitoring of transmissions and/or records of Internet counseling sessions.

You agree to receive electronically email, fax, text messaging via mobile phone for appointments and housekeeping issues only. I do not store your name in my phone. If you call me, please be aware that unless we are both on land line phones, the conversation is not confidential due to the nature of cell phone operations.



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Any computer files referencing our communication are maintained using secure measures. I will not respond to personal and clinical concerns via regular email. I encourage you to only communicate through a computer that you know is safe i.e. wherein confidentiality can be ensured. Be sure to fully exit all emails and be aware of those who may see information on your screen.

#### Lack of Non-Verbal Cues and Asynchronous Communication

The client should be aware that misunderstandings are possible with telephone, text-based modalities such as email, and real-time internet chat, since nonverbal cues are relatively lacking. Even with video chat software, misunderstandings may occur since bandwidth is always limited and images lack detail. Counselors are observers of human behavior and gather much information from body language, vocal inflection, eye contact and other nonverbal cues. If you have never engaged in online/phone counseling before, have patience with the process and clarify information if you think your counselor has not understood you well. Be patient if your counselor asks periodically for clarification as well. Since asynchronous communication is “not in real time,” turnaround time for responding to emails will “lag” a response. Be aware of different time zones as well. The counselor will make every effort to respond to email requests within a 12-24 hour period but a phone call is preferred and email not used for crisis support. Call emergency support at local hospital or 911 if there are suicidal risk or thoughts. Work with your counselor to identify local resources if you have concerns about the timeliness of responses.

#### Potential Risks of Receiving Technology

The client is responsible for creating and using additional safeguards when the computer used to access services may be accessed by others such as creating passwords to use the computer, keeping their Email and chat IDs and passwords secret, and maintaining security of their wireless internet access points (where applicable.) Please discuss any such concerns with your counselor during your first session so as to develop ways to limit risks.

I will not accept any invitations via social networking sites such as Facebook, Twitter, LinkedIn or Pinterest, nor will I respond to blogs written by clients or accept comments on my blog from clients. Payment for phone crisis support is at same session rate identified in the master counseling consent.

I have read the above media consent for

fax  email  text  cell phone session  cell phone pictures  video conference  
(check all that apply for your consent)

\_\_\_\_\_

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name

\_\_\_\_\_

Signature