Psychological Services of Chicago
1300 W. Belmont Avenue Suite 304 Chicago, IL 60657
www.psychotherapybypsc.com psychotherapybypsc@gmail.com
(312) 909-6766

Distant Counseling Informed Consent for Psychotherapy

Welcome to Psychological Services of Chicago (PSC). Your psychotherapy experience depends upon trust and understanding between you and your therapist. This document has been prepared to inform you about what to expect from your therapist during the distant counseling process.

Distant Counseling
Distant counseling, also referred to as telepsychology or telemental health, is defined as counseling using electronic, telephone or visual telecommunication.

Process
The therapist will contact you via telephone or visual communication at the scheduled time of your appointment. It is the client's responsibility to be available and ready in a confidential setting, in the state of Illinois, 5 minutes prior to the scheduled appointment. It is not only important for the client and the therapist to be in a quite room, alone, free from distractions with the door closed, but also in a room which assures privacy of the communication. If the reserved confidential area is violated, the session will be immediately terminated regardless of the time left for the remaining of the session. There will not be a refund issued for the remainder of the time left for that session. Recordings and postings of any session via a client is prohibited.

Technology Failure
In the event of a technology failure, during a distant counseling session, immediate steps will be taken by the therapist to reconnect. Contact via phone is the first backup step to failed phone or visual telecommunication failure. If reconnection fails, the appointment will be rescheduled via e-mail for the remaining time that was not used during the distant counseling session, which was ended due to technology complications. Please refer to the E-mail section in regards to the risks involved with e-mail communication.

Benefits
Distant Counseling provides individuals with more flexibility in scheduling appointments, such as with limitations with transportation, time and mental and physical health concerns.

Risks
Confidentiality could be breached during the distant counseling process. Computers and Telephones are rarely encrypted, which leaves the potential for a breach such as hackers, internet or telephone service providers or at either end by others with access to the client's account, computer or phone. It is crucial for the client to make arrangements to conduct a session in a confidential area, which is free from interruptions and the breach of confidentiality by individuals overhearing the session. Also, the possibilities for miscommunication can be greater during the Distant Counseling session. Since nonverbal cues are a large contributing factor to communication, this factor can be lacking in Telephone sessions and limited in Telepsychology sessions due to the limited bandwith.

Alternative Treatments
Distant Counseling may not be the best fit for all clients. The therapist will conduct an assessment to determine if the client would be a potential candidate for distance counseling. Some of the factors that would be assessed during this assessment would be the client's suicidal/homicidal risk, self-harm risk, active psychotic symptoms. The therapist will

continue to assess the various factors during the distant counseling process. Thus, the status of the client's appropriateness to engage in the Distant Counseling process can change at any time during the process. Also, Distant Counseling may not be the best fit for clients who have concerns about the risks and the process of distance counseling. In this case, in person therapy may be another option.

Payment
Insurance typically does not cover distant counseling services. Thus, it is the client's responsibility to determine their coverage for these services and to follow up with submitting their own claims for distance counseling services. Payments are processed at the beginning of the distant counseling session via the credit card on file. If the client prefers another form of payment, it is the client's responsibility to make the arrangement of payment prior to the scheduled session. A receipt for the services rendered will be provided via e-mail upon the client's request. Please refer to the E-mail section in regards to risks involved with e-mail communication.

Confidentiality
In accordance with the professional ethic codes, the information revealed in therapy is confidential, and it will not be revealed to anyone without your written permission, except as required by law. Some of the circumstances where disclosure is required by law are:

1) Where there is a reasonable suspicion of child, dependent or elder abuse or neglect.
2) When a client presents a danger to self, to others or is gravely disabled.

It is a PSC policy to request your consent to allow your therapist to consult with another therapist about your case in the following circumstances:

1) When your therapist is away from the office, fellow therapists, who are also required to maintain confidentiality, may be informed of your personal information in order to provide assistance to you in emergency situations.
2) Your therapist may consult with other professionals, who are also required to maintain confidentiality, to assist with providing high-quality treatment. During these consultations, your name will not be provided and the provided information will be limited to the necessary information in order to consult on the issues of concern.

You have the right to request a copy of your records or a treatment summary. However, since these are professional records, they can be misinterpreted by an untrained reader. Thus, it is recommend that you review your records in your therapist's presence so you can discuss the content. Please refer to the Financial Policy regarding these professional fees.

E-mail
It is important to be aware that e-mail communication can be easily accessed by unauthorized people and can compromise the privacy and confidentiality of such communication. E-mails are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. A non-encrypted e-mail, such as the email at PSC, is even more vulnerable to unauthorized access. Although emails are not encrypted at PSC, the office computer is equipped with a firewall, a virus protection and a password. For this reason, please reserve e-mail communication only for scheduling and confirming appointments. Please do not communicate with PSC via e-mail in regards to any other personal information. Instead, please address your concerns within your scheduled sessions or, if necessary, you can call (312) 909-6766. Please see the Financial Policy regarding phone consultation fees. Please inform PSC staff of your e-mail preferences, including any limitations or restrictions. Otherwise, PSC staff may communicate

with you via e-mail when scheduling and confirming appointments. Please, note that e-mails, faxes or any copied documents are all part of the clinical record.

Emergencies
In case of an emergency, you may contact PSC staff via telephone (312) 909-6766. Please note that PSC staff may not be available immediately to handle emergency situations. In this situation, please call 911 or go to the closest hospital emergency room for a psychological evaluation. Please do not contact PSC staff via e-mail in an emergency situation.

I acknowledge that I have read, understand and agree to the information provided in the Informed Consent for Distant Counseling, and that I have had my questions answered thoroughly. I do hereby seek and consent to take part in distant counseling with a therapist at Psychological Services of Chicago, Ltd. I am aware that I may terminate psychotherapy at any time.

_____	_____	_____	_____
Patient Signature	Date	Provider's Signature	Date

_____	_____
Patient/Parent/Guardian Signature (Under 18 years old)	Date