



Client-Informed Consent for Online Counseling Services (Tele-Health)

I, _____
(Please Print Full Name of Adult Client or Child's Parent/Guardian Name)

hereby consent to engage in online psychological therapy/tele-therapy services for myself/my child with Rosalind Heiko, Ph.D. I understand that online psychological therapy/tele-therapy includes consultation, treatment, transfer of medical/health data, emails, telephone conversations and education using interactive audio, video, and/or data communications on a secure HIPAA compliant platform. I understand that online psychological therapy/tele-therapy also involves the communication of my medical/mental health information, both orally and visually.

I understand that I/my child have the following rights with respect to online therapy/tele-therapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my or my child's/teen's medical/mental health information also apply to online therapy/tele-therapy. As such, I understand that the information disclosed by me or my child/teen during the course of my therapy or consultation is generally confidential. However, there are limits and exceptions to confidentiality with tele-therapy, just as there are with in-person therapy. I am in agreement with these limits/exceptions, and understand that my therapist will explain these to me in detail if I wish.
3. I understand that there are risks and consequences from online therapy/tele-therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Dr. Heiko, that: the transmission of my information could be disrupted or distorted by technical failures. I understand that if the tele-therapy session does get disconnected, Dr. Heiko will call me/us back by phone, to complete our session.

4. In addition, I understand that online therapy/tele-therapy based services and care may not be as complete as face-to-face services. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, there will be times when this form of work does not appear to be effective.

5. I understand that I or my child may benefit from online therapy/tele-therapy, but that results cannot be guaranteed or assured.

6. I accept that online therapy/tele-therapy does not provide emergency services. If I or my child/teen are experiencing an emergency situation, I understand that I can call 911; or proceed to the nearest hospital emergency room for help; or call my primary care physician or psychiatrist. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support. I can also call Hopeline at (919) 231-4525 for free 24 hour hotline support as well. When I have Dr. Heiko's cell number and the issue is urgent, I can text her at that number.

7. I understand that I am responsible for (a) providing the necessary computer, telecommunications equipment and internet access for my online therapy/tele-therapy sessions, (b) using www.doxy.me.com, and Dr. Heiko's sign-in at www.doxy.me/DrRozHeiko and (c) arranging a location with sufficient lighting and privacy that is as free from distractions or intrusions as possible for my online therapy/tele-therapy session. The best way to access this secure platform is to do the following before our session time: turn off any wireless printer and any iPads or kindle devices; put your mobile phone on Airplane Mode, test your video and audio on your computer; try out your headset (wired or wireless) to make sure it's working; close out all other applications on your computer, and pause anything on your computer that might auto-update, such as Dropbox syncing, system backups, and virus protection updates. Closing out all applications on your computer is most important.

I have read, understand and agree to the information provided above.

X _____
Client/Child's Parent/Guardian Printed Name

X _____
Client/Child's Parent/Guardian Signature

X _____
Date