

National Institute for Change Phone/ZOOM Counseling Consent Form

I, _____ am choosing to facilitate my counseling sessions via the phone, internet and ZOOM with National Institute for Change.

By choosing this option, I understand that:

ZOOM is an online communication tool allowing for face-to-face video, voice, or text-based chat dialogue. ZOOM is encrypted using the same standards utilized by the US government to protect sensitive information.

You are responsible for joining your therapist on ZOOM at the scheduled time.

Please be prepared, alone, in quiet room, door closed. You may want to use headphones for additional security.

Make sure you are in a good quality internet zone for highest quality video and/or audio.

I also understand the following limitations of ZOOM video therapy sessions: Any internet based communication is not 100% guaranteed to be secure/confidential. I agree that National Institute for Change should not be held responsible if any outside party gains access to ZOOM personal or confidential information by bypassing their security measures.

In a crisis or emergency situation that needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call the National Suicide Hotline at 800-784-2433, dial 911 or go to a mental health hospital/ER.

Confidentiality should be treated like an in office session: no outside distractions, turn off cell phones, close other programs on computer and do your best to not be late.

Technical problems could occur. If the call is disrupted, the therapist will call back within ten minutes. If reconnection cannot occur, the session will be rescheduled by another approved method such as phone call or email.

Client Printed Name: _____

Client Signature: _____

Date: _____