**Informed Consent for Online Therapy**

**(addendum to existing Informed Consent for Therapy)**

Everything outlined and you agreed to in the original Informed Consent Form that you signed at the beginning of your child’s therapy still apply for online therapy.

**Technology**

* A HIPPA compliant video service will be used for online sessions to assure data security and privacy.
* The clients are responsible for securing their own computer hardware, internet access points, and password security.
* Nurture Child Therapy is not liable for confidentiality breaches caused by client error.

**Disconnection Problems**

* It is understood that when communicating via internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. If video services are not available due to an unplanned equipment or service malfunction, sessions may occur via telephone or can be rescheduled. You can reach me at (201) 993-4186.

**Recordings**

* Clients are not allowed to make an audio or video recording of any portion of the session.

**Benefits & Limitations**

* Online sessions are provided as a supplement or temporary alternative to in-person sessions, when the latter may not be viable due to a variety of reasons (e.g., illness, travel).
* They can provide continuity of service, connection and support for the child, as well as consultation, training, coaching, and psycho-education for the parents.
* Online sessions are not meant to replace your child’s in-person therapy sessions, which are more conducive to more in-depth therapy and a more comprehensive experience of play therapy to the fullest extent possible.

**Risk of Harm**

* Online therapy is not a crisis based clinical service. In cases of crisis and acute mental health problems, the sessions will be terminated and the client will be provided alternative referral suggestions.

**Client signature**

By signing below, I acknowledge that I have received and reviewed the Informed Consent for Online Therapy provided by the therapist. I understand and agree with the terms and conditions stated above.

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Name of Parent/Guardian (if minor client) Signature Date