

Informed Consent to Participate in Virtual Counseling Sessions

(This Informed Consent for Virtual Counseling is in addition to, not in place of, the Mandatory Disclosure and other documents you read and signed when you first became my client.)

I hereby certify that I have discussed the following items with my therapist concerning the use of telemental health when in-person meetings are impossible, for example during a COVID-19 pandemic:

- Pros and cons of this method as compared to meeting in person
- Things I need to do as a client to contribute to a secure, confidential, and useful session.
- Things my therapist can and cannot offer me when meeting virtually.
- The two choices for technical connection and my preferences and technical capabilities.
- The possibility of technical glitches/failures, perhaps at “crucial moments”, and ways we will seek to prevent this, and to recover connections—both technically and relationally.

Additionally, I have had the opportunity to discuss my questions and any concerns, and I understand my therapist desires my on-going input about how this method is/is not working for me, with the goal of making it as useful for me as possible. I understand that in some cases either I or my therapist could decide video sessions are not working for me.

I agree neither of us records a session without the permission of the other.

I agree to learn the location and phone number of the Emergency Room nearest me and keep this information where I can easily access it. In a similar manner, I agree to keep the following where I can easily access it: Colorado Crisis Line contact information—phone 1-888-885-1222 or 1-844-493-8255; text “talk” to 38255; or www.coloradocrisiservices.org. (In the case of the web address, beware of several ads using this verbiage that do not connect to this address.)

My signature certifies that I have read and discussed this informed consent, that I understand it, that I will sign it and return the signed and dated document to my therapist by scanning it and attaching it to a return email or return by Mail.

(Client’s signature)

(date)