

## AFC Counseling Service Distant Counseling Informed Consent Form

Client: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ hereby consent to engage in distance counseling with Xing Lan, Master level counselor through AFC Counseling Service. I understand that “distance counseling” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that distance counseling also involves the communication of my medical/mental information, both orally and visually.

I understand that I have the following rights with respect to distance counseling:

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 medical information also to distance counseling. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exception confidentiality, which are discussed in detail in the general Limits on confidentiality & Professional Records from that I received with this consent form.
3. I understand that there are risks and consequences from distance counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of Ms. Lan. That: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. In addition, I understand that distance counseling services and care may not be as complete as face-to-face service, I also understand that if Ms Lan believes I would be better served by another form of therapeutic service (e.g. face-to-face service) I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with my form of psychotherapy, and that despite my efforts and the efforts of my counselor, my condition may not be improve, and in some cases may even got worse.
5. I understand that I may benefit from distance counseling, but that results cannot be guaranteed or assured.
6. I accept that distance counseling does not provide emergency services. During our first session, Ms. Lan and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to

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the nearest hospital emergence room for help. 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.

7. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my distance counseling sessions. (2) the information security on my computer, and (3) arranging a location will sufficient lighting and privacy that is free from distractions or intrusions for my distance counseling session.
8. I understand that while email may be used to communicate with Ms. Lan, confidentiality of email cannot be guaranteed.
9. I understand that I have a right to access my medical information and copies pf medical records in accordance with HIPPA privacy rules and applicable state law.

## Acknowledgement & Consent

My initials indicate that I have read and understood the information herein contained and that I have received the following accompanying documents: \_\_\_\_\_ (Copy of the Distance Counseling Consent Form).

My signature below indicates that I have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Client Name Printed

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date