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### **Informed Consent for Participation in Online Treatment**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_

Please read this consent form carefully, as it describes the limitations and issues related to online counseling and e-mail communications.

***What You Can Expect from Online Treatment:***

The duration of treatment is different for each person and can be difficult to estimate; I will address any concerns that you have about this. If you are not feeling satisfied with your treatment for any reason, you are asked to discuss this directly with me. I will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to (an)other professional(s) if necessary, and/or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning therapy, because the process of working on personal issues can be difficult; please be aware of this.

You as the client understand that phone and email sessions have limitations compared to in-person sessions, among those being the lack of "personal" face-to-face interactions, the lack of visual and audio cues in the therapy process, and *the fact that most insurance companies may not reimburse you for this type of therapy.*

You understand that telephone/online therapy with me is not a substitute for medication under the care of a psychiatrist or doctor. You understand that online and telephone therapy may not be appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. If a life threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room. You also understand that I follow the laws and professional regulations of the State of NJ and PA as it applies to the therapist.

***Confidentiality pertaining to technological counseling:***

In addition to the treatment consent form that you signed, what you discuss online with your therapist is to be kept confidential, or private, although there may be some inherent difficulties in maintaining confidentiality of E-mail, Cell Phone Communication or Skype services.

Please insure that your communications are encrypted and that your internet access is secured to maximize confidentiality. If you are aware that your communications are not encrypted please limit the contents to basic issues such as cancellation or change in contact information.

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email to schedule a new session time.

***Telephone and Emergency Procedures:***

If you need to speak with me between sessions, please call the number provided for your therapist. Your call will be returned as soon as possible. Messages are checked daily. Messages are checked less frequently on weekends and holidays. If an emergency situation arises that requires immediate attention, you may call the emergency National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911 or go to a hospital emergency room.

By signing this consent form you are indicating that you have read and understand the limitations of confidentiality when requesting to communicate with your therapist through technological modalities. As your therapist we suggest that you further explore this issue, as technologies are constantly changing and upgrades may be needed to protect communications.

\_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Provider Signature