

Catherine Quinn, LPCC, Inc.
10979 Reed Hartman Highway #209
Cincinnati, Ohio 45242
513-403-6325
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ONLINE COUNSELING CONSENT

I hereby consent to engage in online counseling as a part of my psychotherapy. I understand that online counseling includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data and education via interactive audio/video communication with a health care practitioner.

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

I understand that online counseling may not provide care as completely as face-to-face services, and that if Catherine Quinn, LPCC believes that I would be better served by another form of psychotherapy services, I will be referred to more appropriate services in my area.

I understand that if I believe I am facing a crisis situation that could result in harm to myself or to another person, I will not seek online counseling and instead I will call my local emergency services at 911 or go to the nearest emergency room.

The laws that protect the confidentiality of my medical information also apply to online counseling. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential with the exception of the reporting of child abuse, elder abuse, dependent adult abuse, expressed threat of violence towards an ascertainable victim, and where I make my mental or emotional health an issue in a legal proceeding.

I understand that no video or audio recording of my sessions will be made without prior written consent and that notes of each session will be made in a chart that will be maintained in a confidential manner by Catherine Quinn, LPCC.

I understand that it is my responsibility to ensure the privacy of my communications with Catherine Quinn, LPCC. This means utilizing my own private computer, tablet or smartphone that is secure and protected by whatever means I feel is necessary, and utilizing this device in a secure and confidential location, free from interruptions and distractions.

I understand that I may benefit from online counseling, but that results cannot be guaranteed or assured.

I have the right to withhold or withdraw this consent at any time without affecting my right to future care or treatment.

I understand that if online counseling services should be interrupted for a technical reason, I will contact Catherine Quinn, LPCC at the phone number provided above.

I understand that the time I have scheduled with Catherine Quinn, LPCC is reserved only for me and I will pay in advance of our session. I further understand that I will not obtain a refund if I fail to be available at the appointed time without 24 hour's prior notice.

My signature below indicates that I have read and agree to the information provided above.

Name

Date