

Telehealth Counseling Agreement

1. Sessions will be made to an agreed upon phone number/e-mail at a scheduled time. Phone/video sessions are not for crises. If I have a life-threatening emergency, I need to call 911 or go to the nearest emergency room.
2. If my phone or computer is not working or I miss my session for any reason, I will call my counselor to reschedule. I will be responsible for a \$25 no show fee for missing any scheduled session, with the exception of a verifiable emergency.
3. I understand that my counselor will make every possible effort to assure the confidentiality of my counseling session, taking the call or video session in a Nicasa office, using Nicasa phone/computer only.
4. I will take my phone/video session in a quiet and private place, and, for video sessions, will show my counselor the area around me by panning my cell phone or webcam, to show that there are not other people present to hear/observe my session.
5. I will make every effort to minimize distractions and disruptions during the session.
6. I will make every effort to be sincere and open during the phone/video session, which I recognize is not the same as a social or personal call.
7. I will tell the counselor immediately if something happens around me that bothers me or interferes with the session.
8. I will tell the counselor immediately if something that we talk about or something the counselor says bothers me.
9. I will make every effort to complete any homework assignments between sessions.
10. I understand that I must have a face to face therapy session on a periodic basis in order to continue to receive telephone/video counseling.
11. I understand that if the counselor thinks that I may be in danger they will respond as needed by trying to reach my emergency contact or emergency services.

Client Phone # (for phone sessions or video sessions by phone): _____

Client e-mail address (for video sessions via webcam): _____

Client _____ Date _____

Counselor telephone (to schedule/reschedule sessions) _____ Date _____

First telephone/video counseling appointment scheduled for: _____