



Informed Consent for Online Therapy via Vsee.com

Please read this form in its entirety to ensure that you understand the differences between traditional face-to-face counseling and counseling that is delivered online via Vsee.com. Please sign to indicate your understanding and provide your consent for treatment, and mail, fax, or email the form to Natalis Counseling & Psychology Solutions at 1600 University Avenue West, Suite 12, Saint Paul, MN 55104, Fax 651-379-5159, or email at solutions@natalispsychology.com.

PRIVACY & CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Likewise, you are expected to keep our communications confidential and you understand that all records of communication between client and clinician remain the property of your contracted clinician at Natalis Counseling & Psychology Solutions. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you reviewed upon registration.

LIMITATIONS

It is important to realize that online therapy is intended to provide quality information, practical answers to psychological issues, and online therapy for present problems. This service is not intended to provide in-depth psychotherapy as this particular venue is not entirely suited for such purposes.

APPOINTMENTS AND CHARGES FOR SERVICES

Payment for services has been arranged and will be:

___ Billed to insurance if this service is a covered benefit. The client will be financially responsible for any co-payments and/or deductible not covered by insurance.

___ Be paid out of pocket (\$_____/session).

___ Be pro-bono/free of charge for the following time frame: _____ or # _____ of sessions with the following clinician: _____.

IMPORTANT ADDITIONAL CONSIDERATIONS

You as the client understand that online 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 will not cover this type of therapy. You understand that online therapy is not a substitute for medication under the care of a psychiatrist or doctor. You understand that online therapy is not 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 your clinician follows the laws and professional regulations of the State of Minnesota (USA) and the counseling treatment will be considered to take place in the state of Minnesota (USA).

It is understood that when communicating by Internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. Should a disruption occur at a time of crisis, the clinician agrees to phone me at the phone number I provide: _____.

Your signature below indicates that you have reviewed the information available on our practice website (www.natalispsychology.com) and have read and understand this Informed Consent, the HIPAA Notice of Privacy Practices, and the Professional Disclosure Statement of your specific clinician (if required by the relevant licensure board). Additionally, your signature indicates that you are over 18 years old and able to initiate mental health treatment on your own behalf. If you are under 18 years of age, you certify that the parent/guardian signature below is valid.

Client Printed Name

Client Date of Birth

Client Signature

Client Parent/Guardian Printed Name (if client is a minor)

Signature of Parent/Guardian (if client is a minor)

Date _____

This informed consent for online therapy via VSee.com has been reviewed by:

Clinician Printed Name

Clinician Signature

Date _____