



ONLINE COUNSELING TECHNICAL REQUIREMENTS & CONSENT

Tanya's Skype Name: [new.leaf.counseling](#)

TECHNICAL REQUIREMENTS

In order for you to enter into Online Therapy with me via Skype, the following list of technical capabilities is a general guideline for what you will need in order to establish communications successfully:

- completely private email account
- DSL/broadband internet or higher (no dial-up)
- working computer microphone, speakers, & webcam
- processing speed greater than 800MHz
- download free Skype program and install on your computer
- working phone number (cell or landline) that I can use to contact you if we have technical difficulties during our Online Session

FEES WHEN TECHNICAL PROBLEMS OCCUR

Due to the nature of online therapy, from time to time difficulties may occur establishing a successful Skype connection. In those instances, the following policies will apply:

- Any session interrupted due to technical issues on my end will not be billed to you.
- Any session interrupted due to technical issues on the your end will be billed at the following rates:

No Charge - if session never begins, or is interrupted in first 15 minutes (if this happens more than two times in any 6 month period, the policies regarding paying for missed sessions may be applied at my discretion)

Normal Per/Minute Rates - if session is interrupted after the first 15 minutes and connection is successfully re-established within 15 minutes

Full Session Fee - if session is interrupted in last 15 minutes, whether reestablished successfully or not

Full Session Fee - if you are not available at your pre-set telephone number for me to call within 10 minutes of technical problems occurring

INFORMED CONSENT

Due to the nature of internet communications, I understand and consent to the following by checking the box and signing this document:

- I understand that Skype is not a HIPAA compliant mode of therapy, therefore confidentiality cannot be completely guaranteed.
- I consent that Tanya Younce, M.Ed., LPCC may contact me at the following phone number:
() - _ _ _ - _ _ _ _
- Tanya Younce, M.Ed., LPCC may leave messages at this number:
Y or N (please circle).
- I consent that Tanya Younce, M.Ed., LPCC may contact me at the following email address: _____ and that I understand that unless this email address is completely private (no one else knows the password) and being viewed on a private (not shared with others) computer, Tanya Younce, M.Ed., LPCC cannot be held accountable for my failure to secure private communications between us, resulting in a breach of confidentiality.
- Should Tanya Younce, M.Ed., LPCC need to contact me by email, I ask that the subject line always be the following, in order to protect my privacy from casual view (by family or friends in shared computers): _____

I, _____ (please print your name), have read and understand all of the above concerns regarding technical requirements and extenuating circumstances regarding privacy and confidentiality issues resulting from the use of online methods in providing therapy, and agree to the consent given above on this day _____ (please date).

Sign your name: _____

This consent shall remain in effect throughout my time in therapy with NLC, unless revised.