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Informed Consent

Therapy and counseling services may be intensive and can result in significant stress. You can reach me at 774-282-0119, at distancetherapy@hushmail.com, or through the contact form on this site for follow up questions after sessions. Messages will be answered within 24 hours, usually sooner. If you are in a crisis situation, go to an emergency room, call 911 or contact www.befrienders.org.

I do not offer or provide services to minors without meeting with parents or the legal guardian via audio/video and obtaining written permission. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

From time to time I may find it necessary or helpful to consult with other professionals about my work with you. In the event I do, your identity remains completely anonymous and confidentiality is fully maintained.

Legal advice or forensic services are not provided. The information in client records belongs to the client and shall not be shared without permission granted through a formal release of information except where disclosure is required by law. Likewise, clients are expected to keep our communications confidential. Records are kept for five years.

- The release of information without consent of the client may only take place under the most extreme circumstances: the protection of life (suicidality or homicidality),

child abuse, and/ or abuse of incompetent persons and elder abuse.

- Above all, therapists are required to comply with state and federal statutes concerning mandated reporting.

Disputes will first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by the mutual agreement of the client, and therapist. The cost of such mediation, if any, shall be split equally. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association.

Therapists are aware of their influential position with respect to their clients and avoid dual relationships and exploitation. They are aware of possible conflicts of interests that may arise between the counselor and the client, the employer, consultant and other professionals.

- Therapists make every effort to avoid dual/multiple relationships with clients that could impair professional judgment or increase the risk of harm.
- Romantic or sexual relationships with clients are strictly prohibited. Therapists do not counsel persons with whom they have had a previous sexual relationship.
- Therapists are aware of their own values, attitudes, beliefs and behaviors, as well as how these apply in a society with clients from diverse ethnic, social, cultural, religious, and economic backgrounds.

When working with multiple clients, therapists respect individual client rights and maintain objectivity. When therapists agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), clarification is provided as to the nature of the relationship they will have with each involved person including the parameters and limitations of confidentiality. If it becomes apparent that therapists are unable to maintain objectivity resulting in conflicting roles, they must appropriately clarify, adjust, or withdraw from roles. Rules of confidentiality extend to all clients who receive services, not just those identified as primary clients.

When clients work with multiple providers, it is important to secure permission to work collaboratively with the other professional involved.

Therapists do not abandon or neglect their clients in counseling. Assistance is given in making

appropriate arrangements (referrals) for the continuation of treatment, when necessary, during interruptions such as vacation and following termination. Therapists terminate a relationship when it is reasonably clear that the client is no longer benefiting. Mental health counselors may terminate a counseling relationship when clients do not pay fees charged. In such cases, appropriate referrals are offered to the clients.

Therapists responsibility and integrity - Therapists recognize the boundaries of their particular competencies and the limitations of their expertise. They maintain knowledge of relevant scientific and professional information related to the services rendered, and recognize the need for on-going education. They represent accurately their competence, education, training, and experience including licenses and certifications.

Electronic confidentiality including audio/video, chat, email, phone communication. You agree to transmit therapeutic email and chat exchanges using encrypted means such as Hushmail and understand that text messages are not confidential. You agree to keep computer files referencing our communication using secure and encrypted measures.

- Determine who has access to your computer and electronic information from your location. This would include family members, co-workers, and friends. I encourage you to only communicate through a computer when confidentiality can be ensured. Be sure to fully exit all online counseling sessions and email before leaving your computer.
- 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.
- If you are involved in an abusive relationship, know that programs are available that allow those with access to your computer to record every key stroke you enter. Under these circumstances, you may choose to communicate with a landline, and make special arrangements for payment.

Cancellation: You will be charged for appointments scheduled in advance without giving 24 hours notification.

You also understand that I follow the laws and professional regulations of the states of Vermont and Massachusetts.

Your signature below indicates that you have reviewed the information available on my website and have read and understand this Informed Consent and the HIPAA Notice of Privacy Practices.

Signature:

Date:

Sign and return this form as an attachment through the secure form on the contact page. You can also return this form to Distance Therapy, PO Box 844, Burlington, VT 05401.