

# Jason M. Adams, LPC, NCC

Licensed Professional Counselor • National Certified Counselor  
www.JasonAdamsOnline.com

## SUPPLEMENTAL CONSENT For Counseling Services Delivered Electronically (E-Counseling)

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 via email, online chat, phone, or video conferencing. Please sign to indicate your understanding and to provide your consent for treatment. Scan and email this form to Jason@JasonAdamsOnline.com or mail it to: Jason Adams, LPC, PO Box 2794, Keller, TX 76244.

**General Confidentiality & Privacy** – Prior to signing this *Supplemental Consent* form, you should review the *Information & Client Consent* form and the *Privacy Notice* to understand your therapist's responsibilities and limitations related to privacy and confidentiality. By signing this form, you agree to keep all communications with your therapist confidential. You also agree that all records of communication between client and therapist remain the property of your therapist. This includes email correspondence, chat transcripts, and other recorded communication. You may not publish or disclose communications with your therapist without written permission from the therapist.

**Email** – Counseling services delivered via email will be encrypted. You will be required to utilize encryption software or services to both send and receive emails to and from your therapist. Your therapist will provide instructions on how to do this. Unencrypted email is not secure and could be intercepted and read by someone other than you or your therapist. If you choose to email your therapist utilizing unencrypted email, you assume the risk that someone other than the intended recipient could read the contents of your message. To protect your privacy, your therapist will not respond to personal and clinical concerns via unencrypted email.

**Phone Calls and Text Messages** – Cordless and some wireless phones may not be secure, which means others could listen to your conversation with your therapist. Text messages may not be secure. You should not use text messages to communicate confidential information with your therapist.

**Online Chat** – By agreeing to receive counseling services via chat, you acknowledge your understanding that chat sessions create a verbatim transcript of your session. With traditional face-to-face counseling, there is no verbatim transcript of your therapy session. In both cases (chat and face-to-face), your therapist creates a narrative summary of your session to record progress toward treatment goals. This summary is kept in your clinical record. By signing this form, you agree to keep chat records and transcripts in strict confidence. You may not publish or disclose chat records or transcripts related to counseling sessions with your therapist without written permission from the therapist.

**Access to Electronic Equipment** – It is your responsibility to determine who has access to your computer, phone, and other devices you utilize to communicate with your therapist. This might include family members, coworkers, supervisors, and friends. Communicate with your therapist only through devices you know are secure. Be sure to fully exit all online chat sessions and emails once complete, and utilize passwords and other security measures. You should avoid any communication with your therapist via public wifi hotspots, such as libraries, coffee shops, etc. Neither the physical environment nor the internet connection in public places is conducive to secure communications.

**Additional Considerations** – During the first couple of sessions, your therapist will assess if he/she can be of benefit to you. The assessment will include your suitability to counseling delivered electronically. If your therapist determines that he/she is unable to help you, he/she will attempt to refer you to another therapist who can assist you.

By signing this document, you are indicating your understanding that phone, email, and online chat sessions have limitations compared to face-to-face sessions. These limitations include a lack of visual and audio cues, such as facial expressions, voice tone, body language, and other behaviors that contribute to communication. By signing this document, you are also indicating your understanding that E-Counseling is not a substitute for medication under the care of a psychiatrist or general practitioner. You further indicate your understanding that E-Counseling 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.

Your signature below indicates that you have reviewed this form and the information available on the therapist's website, including the *Information & Client Consent* form and the *Privacy Notice*. If you have questions, you should discuss your questions with the therapist prior to signing this form.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date