

# Crystal Glenn, MA, LPCC

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## Electronic Counseling Informed Consent Form

Clients should know that electronic communications are generally not secure methods of communication, and there is a risk that one's confidentiality could be compromised with their use. Your therapist may engage in various forms of electronic counseling which have varying levels of security, including text, message, and video chat, text messaging, and phone conversations. Your therapist makes every effort to provide each of these services and all others in the most secure fashion possible.

I \_\_\_\_\_ hereby consent to engage in electronic counseling with Crystal Glenn, LPCC. I understand that "electronic counseling" includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that electronic counseling also involves the communication of my medical/mental information, both orally and visually.

I understand that I have the following rights with respect to electronic counseling:

- (1) The laws that protect the confidentiality of my medical information also apply to electronic counseling. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- (2) I understand that Internet related contact and electronic counseling are not considered secure. I understand that there are risks and consequences from electronic counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of my consultant, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- (3) I understand that electronic counseling based services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area.
- (4) I understand 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, I agree to immediately phone my therapist at 650-999-0232.
- (5) Service is available on weekdays during normal business hours. Any communications received after hours, on weekends, or on holidays will be responded to the next business day. Generally patients can anticipate a response within 24 hours. When in crisis, I am to contact the crisis referral number that is provided in the Client Agreement. Missed appointments are addressed as if therapy is delivered in real time.

I have read and understand the information provided above. I have discussed it with my therapist, and all of my questions have been answered to my satisfaction.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_