

Bridget StJohn Therapy (Bridget StJohn, LLC)
Bridget St John, MA, LMFTA
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PSYCHOTHERAPY TECHNOLOGY INFORMED CONSENT

Client Name (s): _____ Date of Birth: _____

I hereby consent to engaging in email, audio and/or video counseling with Bridget St John as part of my psychotherapy. I understand that participating in on-line counseling also involves communication of my mental health information, both orally and visually through email, chat, or video. I understand that I have the following rights with respect to on-line counseling:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment; nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The laws that protect the confidentiality of my mental health information also apply to online 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.
3. I understand that there are risks and consequences from online counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my mental health information could be disrupted or distorted by technical failures; the transmission of my mental health information could be interrupted by unauthorized persons; and/or the electronic storage of my mental health information could be accessed by unauthorized persons.

In addition, I understand that on-line counseling based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g., face-to-face services) I will be referred to a psychotherapist who can provide such services in my area.

I agree to work with Bridget St John/Bridget StJohn Therapy on-line using Doxy.me or another encrypted email/chat service determined to be suitable by Bridget St John, or another medium agreed by myself, and Bridget St John. I understand that Bridget St John will make every effort to keep all information confidential. Likewise, if we are working on-line together, I will determine who has access to my computer and electronic information from my location. This would include family members, co-workers, supervisors, and friends.

I have been advised to only communicate through a computer that I know is safe (i.e., wherein confidentiality can be ensured) and to fully exit all on-line counseling session and emails. If we are unable to connect or are disconnected during session due to technological breakdown, I will attempt to reconnect within 10 minutes. If reconnection is not possible, I will communicate via email or phone to schedule a new session time.

I agree to give a 24 hour cancellation notice to my therapist in order to not to be billed for the session. I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Signature of patient/parent/guardian/: _____ Date: _____

Signature of Therapist: _____ Date: _____
