



Christina L. Gmyr, Licensed Mental Health Counselor, PLLC
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Informed Consent for Online Counseling Services

I hereby consent to engage in online counseling/teletherapy services with Christina L. Gmyr, Licensed Mental Health Counselor, PLLC. I understand that online counseling/teletherapy includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video or data communications. I understand that online counseling/teletherapy also involves the communication of my medical/mental information, both orally and visually.

I understand that I have the following rights with respect to online counseling/teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to online counseling/teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Informed Consent for Treatment form that I will be receiving and signing along with this consent form.
3. I understand that there are risks and consequences from online counseling/teletherapy, including but not limited to the possibility, despite reasonable efforts on the part of Christina L. Gmyr, Licensed Mental Health Counselor, PLLC, that the transmission of my information could be disrupted or distorted by technical failures.
4. In addition, I understand that online counseling/teletherapy based services and care may not be as complete as face-to-face services. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my counselor, my condition may not be improved, and in some cases may get even worse.
5. I understand that I may benefit from online counseling/teletherapy, but that results cannot be guaranteed or assured.

6. I understand that I may only participate in online counseling/teletherapy services while I reside and am physically located in New York State. I agree to inform my therapist at Christina L. Gmyr, License Mental Health Counselor, PLLC any time I will be traveling/residing out of state or internationally for purposes including but not limited to work, vacation or college. I understand that if I move out of New York State, I will no longer be able to participate in online counseling/teletherapy with Christina L. Gmyr, Licensed Mental Health Counselor, PLLC and that my therapist will discuss referral and other termination of service options with me. In addition, I understand that my therapist at Christina L. Gmyr, Licensed Mental Health Counselor, PLLC must be located in New York State to provide online counseling/teletherapy services and will provide me with adequate notice when she has plans to be out of state.

7. I accept that online counseling/teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911; or proceed to the nearest hospital emergency room for help; or call my primary care physician or psychiatrist. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24 hour hotline support.

8. I understand that I am responsible for (a) providing the necessary computer, telecommunications equipment and internet access for my online counseling/therapy sessions, (b) using www.vsee.com, and (c) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my online counseling/therapy sessions.

9. I understand that recording of sessions in any way is not permitted and that doing so may be grounds for termination of services. I understand that it is my responsibility to make sure I turn off all "listening devices" including but not limited to ALEXA, SIRI, NEST, ECHO in order to protect the privacy and confidentiality of the online counseling/teletherapy session.

10. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

Online counseling services are reserved for clients who reside and are currently located in the State of New York.

I have read, understand and agree to the information provided above.

Name (please print)

Signature

Date

Parent/Guardian

Signature

Date