Welcome to LDTherapy

Skype Counseling Consent Form

I, _____ am choosing to facilitate my counseling sessions via the internet and the Skype (www.skype.com) program with LDTherapy.

By choosing this option, I understand that:

- Skype is an online communication tool allowing for face-to-face video, voice, or text-based chat dialogue. Skype-to-Skype calling is encrypted using the same standards utilized by the US government to protect sensitive information.
- Skype software must be downloaded onto a computer and an account setup.
- Search for and add therapist's email to your contacts: lynnikka.draper@gmail.com
- Appointments will be made via email or text. You are responsible to call your therapist on Skype at the scheduled time.
- Please be prepared, alone, in quiet room, door closed. You may want to use headphones for additional security.
- Make sure you are in a good quality internet zone for highest quality video and audio.

I also understand the following limitations of Skype video therapy sessions:

- Any internet based communication is not 100% guaranteed to be secure/confidential. I agree that LDTherapy should not be held responsible if any outside party gains access to Skype's personal or confidential information by bypassing their security measures.
- In a crisis or emergency situation that needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call the National Suicide Hotline at 800-784-2433, dial 911 or go to a mental health hospital/ER.
- Confidentiality should be treated like an in office session: no outside distractions, turn off cell phones, close other programs on computer and do your best to not be late.
- Technical problems could occur. If the call is disrupted, the therapist will call back within ten minutes. If reconnection cannot occur, the session will be rescheduled through email. Any technical problems on your end will result in a full charge of session with no additional time.

Client Printed Name: _____

Client Signature:_____

Date:_____