

Electronic Communication Consent Form

This form grants permission for the utilization of electronic communication in circumstance in which the continuity of psychological services would be interrupted. These services are defined as psychotherapy and consultation. As technology progresses there is an increased reliance and utilization of telecommunication services such as Facetime, Skype, and cell phones. Although these telecommunication services allow for newer, easier, and innovative ways to provide psychological services, they also come with risks and benefits that should be considered before utilizing. Therapists at the Center for Growth prefer services delivered face to face or telephone counseling. Both are confidential. We cannot guarantee the confidentiality of Skype or Facetime, however if that is your preferred method of communication and are willing to assume the inherent risk than therapy can be provided.

Some of the benefits of telephone counseling include:

- Access to care and psychological services to those who may be in areas in which these resources are not available (e.g. rural communities)
- It allows for the continuance of care despite a geological disruption in services. For example, if a client goes on an extended vacation.
- Some research has shown that electronic forms of therapy are comparable to therapy that is provided face-to-face.
- Due to the lack of commute time, cell phones allow for more convenient therapist-client interactions.

By signing this form, you are agreeing that you _____
The Client

will not hold the Center for Growth liable for any breaches of confidentiality due to your usage of Skype or Facetime with The Center for Growth. The Center for Growth CANNOT guarantee confidentiality. Every effort will be made to ensure that electronic communication is kept confidential. To ensure full confidentiality, we encourage telephone counseling and or face-to-face sessions in our office located at 233 S. 6th Street, Suite C33, Philadelphia PA 19106 OR 2401 Pennsylvania Ave, Suite 1A2, Philadelphia PA 19130.

Lastly the utilization of electronic communication can be revoked by either of us at any time through written means.

By signing below you agree and understand the requirements and provisions of this form:

Client Name (printed): _____

Client Signature: _____ Date: _____

Skype (screenname) _____

Therapist (signature): _____