

FORM 6 (supplemental for online therapy)

OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

Additional Informed Consent/Disclosure -Online Therapy

AMIE LOWERY-LUYTIES, MFT

Section I:

Information that an online therapist must provide by law: Identification of Therapist

- Name, address and phone number of therapist
- **Amie Lowery-Luyties, 600 East Ocean Blvd #400b, Long Beach, CA 90802**
- License designation of therapist
- **Marriage & Family Therapist, License # 41428**
- How to contact licensing board to verify licensure:
- **www.bbs.ca.gov**
- Degree and/or other credentials to show areas of emphasis or expertise
- **Master of Science in Educational Psychology, Emphasis in Marriage & Family Therapy**
- Any specialized training in the provision of online therapy
- **Review of literature recognizing risks and advantages of on line therapy.**
- Indicate/provide scope of practice for the profession (**listed below**)

Section: 4980.02. PRACTICE OF MARRIAGE, FAMILY, AND CHILD COUNSELING; APPLICATION OF PRINCIPLES AND METHODS

For the purposes of this chapter, the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling.

The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations

of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required by Sections 4980.37, 4980.40, and 4980.41.

Section II

Information that an online therapist must obtain by law: Identification of Patient/Client

- Documentation required in advance to confirm identification of client, e.g., copy of drivers license, birth certificate, or passport

Section III

Intake and Assessment

You will be expected to fully complete an intake form and fully complete an assessment in advance of the commencement of therapy to determine the feasibility and efficacy for you receiving therapy by Internet or other electronic means. The intake, among other things, will require that you provide the name and phone number of your physician and a relative or friend to contact in case of emergency.

Turn-Around Time

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, unless other arrangements are made. Generally patients can anticipate a response within 24 hours. If you are in crisis, you may leave a message on my voicemail (562-310-9741), go to your nearest emergency room, or call 9-1-1.

If you ever experience a life threatening emergency, call 9-1-1 immediately.

Missed Appointments, or appointments canceled without a 24-hour notice will be billed as a full session fee.

Section IV:

Additional Benefits and Risks of Internet Therapy

- You may feel worse before you feel better.
- Your relationships may suffer as you begin to feel better.

- While this is one means of doing therapy, you may have a different experience if engaged in face-to-face therapy, for which one or more referrals will be made if preferred.
- Therapy or counseling delivered in this manner may or may not be covered by insurance.
- Confidentiality: One risk that exists in performing therapy services over the Internet is that confidentiality may be compromised. The privacy of communications over the Internet is less assured, at least today, than when providing live (person to person) therapy, or even services via the telephone. Online risks to confidentiality may occur at various points. For example, one needs to know whether or not others at the client's location have access to the communications. For instance, if the client/patient is communicating with the therapist from work or home, the employer or spouse/partner may have the right or ability to access e-mail communications.

Section V

Additional Limits of Confidentiality (specific to online therapy)

- While using every reasonable means to protect and encrypt conversations and records of treatment, when doing therapy by Internet or other electronic means, such encryption **can not** be guaranteed.
- By agreeing to engage in therapy by Internet or other electronic means, the therapist and patient will each assure that any text messages or recorded discussions will be destroyed within fifteen days of receipt.
- If I believe you are a danger or become a danger to yourself or to someone else, I may inform others or insist that you be evaluated, in person, by another health care professional.
- You, the patient, are encouraged to protect your own confidentiality by controlling access to your communications with me-such as by using passwords only known by you, controlling access to your computer, deleting data as agreed, etc.

Section VI

Procedures Should We Encounter Technical Difficulties or Disruptions in Service

It is understood 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, the patient agrees to immediately phone me at (562) 310-9741. If you cannot contact me, and you are in a crisis, call 9-1-1.

Other Resources

I may refer you to and/or expect you to avail yourself of outside supportive resources, including, but not limited to, other health care professionals, as I deem appropriate. A failure on your part to comply with such recommendations may result in a termination of therapy.

