

Information Concerning and Acknowledgment of Informed Consent to Treatment
via Electronic Service Delivery

Electronic Delivery Service: Electronic service delivery (electronic therapy, cyber therapy, e-therapy, etc.) (“Electronic Therapy”) means therapy in any form offered or rendered primarily by electronic or technology-assisted approaches when Heather Everett, MSW, LISW-S and A New View Counseling & Consulting, LLC (“the Provider”) and you are not located in the same place during the delivery of services, including but not limited to the Internet, email, and teleconference.

Among other things, your Clinical File will include a history of your Electronic Therapy and either an annotation or a copy of all email communications sent or received by the Provider in connection with your Electronic Therapy. There are important limitations and risks in connection with the use of Electronic Therapy, including but not limited to privacy, confidentiality, and related limitations and risks. Please also see the document entitled, “Acknowledgment of Informed Consent to Treatment,” for additional information and disclosures.

Electronic Therapy provided by the Provider requires an initial face-to-face meeting, which may be via video/audio electronically and will include verification of the identity of any person or persons receiving treatment (“the Client”) and steps to address impostor concerns, such as the use of passwords to identify the Client in future electronic contacts.

Electronic Therapy as practiced by the Provider includes communicating with you via the Internet, email and/or telephone. There are limitations and risks in connection with the use of Electronic Therapy, including but not limited to privacy, confidentiality, and related limitations and risks.

Links to websites for the Provider’s certification bodies, licensure boards and license verification:

Ohio Counselor, Social Worker, and Marriage & Family Therapist Board:

www.cswmft.ohio.gov

National Association of Social Work:

www.socialworker.org

Contact Information for a trained professional who can provide local assistance to the Client, including crisis intervention, if needed:

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Blue Ash, Ohio 45242
(513) 434-3768
ANewViewHE@yahoo.com
www.anewviewcandc.com

A New View Counseling & Consulting, LLC

10945 Reed Hartman Hwy, Suite 203

Blue Ash, Ohio 45242

Consent: By my signature below;

- a. I hereby give my informed consent to receive mental health or substance abuse assessment, care, and/or treatment from the Provider via Electronic Therapy, including but not limited to the Internet, email, and teleconference;
- b. I understand I have the right to refuse or withdraw the informed consent given above;
- c. I acknowledge that I have read and understood all information contained herein and that I have been given an opportunity to ask questions concerning this document; and
- d. I acknowledge that I have been given a signed copy of this document.

Signature of Client: _____

Date: _____

Signature of Parent, Guardian or Responsible Party of a Client who is a Minor:

Date: _____

Witnessed by: _____

Date: _____