

THE THERAPY CENTER FOR WELLNESS & RECOVERY LLP



INFORMATION CONCERNING and ACKNOWLEDGMENT of INFORMED CONSENT to TREATMENT VIA ELECTRONIC SERVICE DELIVERY

Definitions: Kathryn Karanja, LMSW, CAADC, ADS Kelly Palmer-Albin, LMSW, ADS Marie Putnam, LMSW and The Therapy Center for Wellness & Recovery LLP are hereinafter referred to as “the Provider”.

Electronic Service Delivery: Electronic services delivery (electronic therapy, cyber therapy, e-therapy, etc.) (herein, “Electronic Therapy”) means therapy in any form offered or rendered primarily by electronic or technology-assisted approaches when the Provider and you are not located in the same place during delivery of services, including but not limited to internet, email, and teleconference.

Among other things, your Clinical File will include a history of your Electronic Therapy and either an annotation of or a copy of all email communications sent to or received by the Provider in connection with your Electronic Therapy. 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. Please also see the document entitled, “Client information and 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 the client and the steps to be taken to address impostor concerns, such as by using passwords to identify the client in future electronic contacts.

Electronic Therapy as practiced by Provide includes communicating with you via the internet, email, and /or telephone. There are limitations and risks to 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:

Michigan Licensing and Regulatory Affairs: [Michigan.gov/LARA](http://Michigan.gov/LARA)

Michigan Certification Board for Addiction: [www.mcbap.cpm](http://www.mcbap.cpm)

NADA: [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

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

The Therapy Center for Wellness and Recovery LLP Phone-810-228-4300

The Client’s local crisis hotline telephone number and the local emergency mental health telephone number: GHS crisis line: 810-257-3740, toll free number 877-346-3648 TTY 810-232-6310 or text FLINT to 741741.

For Electronic Therapy Clients, the Provider provides the following details concerning data record storage.

Consent: By my signature below:

- a. I hereby give my informed consent to receive mental health or substance abuse assessment care, treatment from the Provider via Electronic Therapy, including but not limited to internet, email, and teleconference.
- b. I understand that 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.
- d. I acknowledge that I have been given a signed copy of this document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_