***FAMILY SERVICES OF SOUTHERN WISCONSIN AND NORTHERN ILLINOIS, INC****.*

416 COLLEGE STREET BELOIT, WI 53511 Telephone: (608)365-1244 Fax: (608)365-4097

RELEASE AND CONSENT FOR TELECOUNSELING

(Via Phone or Electronic Face to Face Software)

**Risks**

* I am aware that speaking with my counselor over the phone or via software may not be as confidential as meeting at their office. This may include reasons such as, being overheard by my roommate, or family member, or poorly secured hardware or software.
* Counseling not face to face may seem strange or uncomfortable initially.

**I (the client and/or guardian of the client) agree to the following**

* To be in as secure of location as I am comfortable with during session. (This may include your home, your (non-moving) vehicle, your office, or other space that allows you to feel like this interaction is secure and private to you.)
* I will not drive during session. (My provider will have the right to terminate the session)
* I will be dressed appropriately during video conferencing.
* I will still come in for routine office appointments to ensure paperwork and other routine activities are able to be completed in a timely manner.
* I ensure that I have a device with the appropriate software to allow me to communicate with my service provider
* I will call, or email my provider should I be unable to maintain my appointment in the event that my device or meeting space is available to me

**My service provider agrees to the following**

* Will only be available for teleconferencing for your identified appointment.
* May only be available via phone during regular business hours unless otherwise noted.
* Will wear appropriate attire during video conferencing.
* Will ensure that they are in a private space to talk to you such as their office
* Will keep your documents secured if working from their home office.
* Let you know via phone or email if your appointment in canceled for whatever reason.

**How might this differ from face to face/in person sessions?**

* This may feel different, maybe even awkward while you and your provider find and establish a new rhythm
* This may include more or different types of homework, readings, worksheets, etc. as this may be a new adjustment for your provider as well.

By signing this release, I am aware of the potential risks of engaging in counseling via phone or face to face software.

Client Signature Date

Parent/guardian signature Date

Provider signature Date