

# Distance Counseling Consent Form

## Please review and complete my Distance Counseling Client Consent Form

Instructions: Please review the Agreement & Consent Form below and answer as many of the optional questions as you are comfortable responding to.

After you are done, please click the print button. Once printed, please scan and email this form to Victoria Baum, LMHC, LCPC, DCC, to: [victoria@victoriabaum.com](mailto:victoria@victoriabaum.com) Tele: 847-373-0456

This Agreement and Consent Form for Distance Counseling, conducted by Victoria Baum, LMHC, LCPC, DCC, is being provided to you (client) in order to inform you about Distance Counseling and answer some questions you may have.

As a client of [Victoria Baum's](#), I understand that Distance Counseling is generally provided utilizing technology and that there may be problems with Internet connectivity, which is the fault of neither Victoria Baum nor me. Internet availability may be limited or disrupted by things such as server maintenance, upgrades, or other problems (such as software or hardware malfunction) or natural or man-made disasters (such as terrorist acts, Internet viruses, and so forth). These types of problems are beyond the control of [Victoria Baum](#) and me (client). If something like this were to occur, any scheduled appointments would be re-scheduled.

I understand that I must be at least 18 years of age to consent. If not at least 18 years old, a parent or legal guardian must contact [Victoria Baum](#) and provide a written consent for services).

\* As a client of [Victoria Baum](#), I declare that Victoria Baum may be legally required to violate confidentiality to make appropriate legal notifications if she reasonably believes I am involved in child abuse or neglect, if I intend to harm myself or any one else. \*If you desire more information, this is discussed in the first session.

I realize that I will be charged a pre-arranged fee for services that [Victoria Baum](#) and yourself agree upon.

We need to recognize that during the process of Distance Counseling and/or psychotherapy, discomfort may arise (as difficult issues are addressed, although Victoria Baum will provide suggestions on how to handle), even though it does not guarantee resolution of any kind or assure success for online counseling, either explicit or implied.

This means that there is no guarantee as to the outcome from the

services of [Victoria Baum, LMHC, LCPC, DCC](#). This process requires **both, (all), of us to "do the work" to hope for successful resolution.** This includes limitation or restriction, of any guarantee, for information, online counseling, uninterrupted access, and other services.

In addition, as a client [Victoria Baum's](#), I can end services at any time, for any reason, without prior notification or explanation. (Although a note explaining any decision to stop services would be greatly appreciated).

Lastly, although [Victoria Baum](#) has taken a significant number of steps to ensure the confidentiality and privacy of Online/ Distance communication(s) between you and her, these actions, in whole or in part, cannot completely be 100% guaranteed re: the security of Internet transmissions.

I permanently agree to release and indemnify [Victoria Baum](#) from all suits, claims, and other actions originating from psychotherapy provided through [Distance Counseling](#).

Your Name: \_\_\_\_\_

By signing above and checking the box below, you agree to **Victoria Baum's, LMHC, LCPC, DCC** consent form.

I AGREE WITH THE ABOVE. \_\_\_\_\_

# Questionnaire

The following information is being collected for professional purposes only. I encourage you to fill out all the questions so I may better serve you.

\*Confidentiality of all submitted information will be strictly maintained.

Name\*:

Gender\*:  Male  Female

Age\*:

Email Address\*:

Primary Telephone Number\*:

Alternate Telephone Number:

In Case of Emergency Contact

Name\*:

Your relation to this person\*:

Their Phone Number\*:

Their Address\*:

Please briefly describe the issue(s) that you would like to discuss or work through and let me know something about what has you contacting me now:

Are you currently getting treatment from a mental health professional?

Yes No

If yes, please explain:

In the past, have you been treated by a mental health professional?

Yes No

If yes, for what and what was the outcome:

Are you currently taking any psychotropic medication(s)? (e.g. anti-depressants or anti-anxiety medication)

Yes No

If yes, please list them:

Have you taken any psychotropic medication(s) in the past?

Yes No

If yes, please list them: