

**Kamala L. Uzzell, Ph.D., LPC-S, NCC**  
**SOLAY Counseling & Research Center, P.C.**  
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## **DISTANCE THERAPY – INFORMED CONSENT**

Distance counseling, also referred to as online therapy, tele-mental health, or telepsychology, is defined as counseling using electronic, telephone or visual telecommunications.

**Distance Counseling Options Offered & Client Privacy:** I, the client, understand that Dr. Kamala Uzzell currently offers distance counseling via phone and visual telecommunication. She offers these visual telecommunication options: *Zoom.us* (which is HIPAA protected) and FaceTime. I fully understand that FaceTime is not a guaranteed format for client confidentiality, and that it is possible that the transmission may be compromised. I understand that Dr. Kamala offers distance counseling via phone sessions and that telephone is not HIPAA protected.

**Confidentiality:** The information disclosed during the course of therapy is confidential, however there are legal exceptions both mandatory, and permissible, including child, elder, and dependent adult abuse; threats of harm to self or others, or if court ordered. Dr. Kamala will take all precautions to ensure online therapy is confidential, but due to technological failures or interruptions, there are risks.

**Confidentiality of the client:** Maintaining client confidentiality is extremely important to the counselor and the counselor will take ordinary care and consideration to prevent unnecessary disclosure. Information about the client will only be released with his or her express and written permission with the exceptions of the following cases: 1) If the counselor believes that someone is seriously considering and likely to attempt suicide; 2) if the counselor believes that someone intends to assault another person; 3) if the counselor believes someone is engaging or intends to engage in behavior which will expose another person to a potentially life-threatening communicable disease; 4) if a counselor suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult; 5) if a counselor believes that someone's mental condition leaves the person gravely disabled. Also, Dr. Kamala will not record any part of any session without the written consent of the client.

**Confidentiality of the counselor:** Dr. Kamala has a right to her privacy and wishes to restrict the use of recordings or copies of her voice or face during sessions. Clients must seek the written permission of the Dr. Kamala before recording any portion of the session and/or posting any portion of said session on internet websites such as Facebook or YouTube.

**Potential risks:** Confidentiality could be breached in transit by hackers or Internet service providers or at either end by others with access to the client's account or computer. People accessing the internet from public locations such as a library, computer lab, or café should consider the visibility of their screen to people around them. Position yourself to avoid others' ability to read your screen. Using cell phones can also be risky in that signals are scrambled but rarely encrypted.

**Technology Failure:** I, the client, do understand that in the event of a technology failure during a phone or visual telecommunication session, immediate steps will be taken by Dr. Kamala to reconnect. Contact via email or text message is the first backup step to failed phone and visual telecommunication reconnection. Dr. Kamala will repeatedly attempt to use these methods to contact me through the remaining session time (and I will do the same, as well). The compromised appointment will be rescheduled and, unless other arrangements are made, will be billed at the full rate.

**Appointments and Fees:** Payment will be made via PayPal ([www.paypal.me/DrKamalaUzzell](http://www.paypal.me/DrKamalaUzzell)) or CashApp (\$DrKamala) at least 30 minutes prior to the appointment time. If client does not show up for your session after the payment, there are no refunds; however, we may reschedule for a time within 30 days.

**By signing this form:** I agree to participate in online psychotherapy with Dr. Kamala Uzzell. I have read, understood and comply with the agreed upon policies. I understand that there are risks to distance counseling, such as failure in technology or breaches of confidentiality. I understand that the fee agreed upon by Dr. Kamala Uzzell and I is due at least 30 minutes before our session paid via PayPal ([www.paypal.me/DrKamalaUzzell](http://www.paypal.me/DrKamalaUzzell)) or CashApp (\$DrKamala). If the fee is not paid in advance, the session will be cancelled.

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Signature of Client

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Date