

## INFORMED CONSENT TO ONLINE TREATMENT

I have considered, understand, and agree to the risks, benefits, and alternatives to the use of chat and/or email and other forms of online communication in clinical work with my treatment provider, Paula Ehrmantraut, MS, MEd LCPC, CRC. I understand that every effort will be made to maintain the confidentiality of our communications, including but not limited to provision of secure chats and secure storage of both paper and electronic files according to professional standards. I understand that I can choose to conduct email correspondence by regular email or by secure email on request, and that Ms. Ehrmantraut can guarantee the confidentiality of secure email only on her end of the communication. I understand that no communication on the Internet can be guaranteed completely free from potential breach of confidentiality in transit by hackers or Internet service providers or by others who had access to the account or the computer. I TAKE FULL RESPONSIBILITY FOR THE SECURITY OF TREATMENT RECORDS ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. Ms. Ehrmantraut will not be held liable for any breach of confidentiality regarding electronic or paper records taking place on my end.

I have been informed of circumstances in which online counseling or therapy is not the appropriate or most effective treatment. In the event of a medical, psychiatric, or other situation requiring face to face intervention, I understand that it is my responsibility to seek such help. IF I AM CURRENTLY CONSIDERING OR THREATENING SUICIDE OR ANY FORM OF HARM TO MYSELF OR OTHERS, I TAKE FULL RESPONSIBILITY FOR SEEKING APPROPRIATE HELP IMMEDIATELY AND FOR ANY ACTION I MAY TAKE. I understand that information on nationwide crisis intervention and help resources in the United States includes the following:

- [.hopeline.com](http://.hopeline.com)
- 1-800-SUICIDE
- 1-800-656-HOPE
- 1-800-TLC-TEEN

Ms. Ehrmantraut has fully disclosed her professional credentials, which are available on her website. She has made it clear that she is licensed for independent practice as a clinical professional counselor in the State of Montana and certified as a rehabilitation counselor. If I reside outside Montana State, I hereby confirm that I consider our meetings to occur in cyberspace and that Ms. Ehrmantraut does not claim to be licensed or credentialed in my state or country of residence. If my state of residence has laws regulating with whom I may seek counseling or therapy online, I am responsible for informing myself and complying with such laws. I accept full responsibility for my decision to work with Ms. Ehrmantraut under these conditions.

**On making prepayment for your first chat or email session, please click on the link to email me the following confirmation of informed consent:**

- **Subject line:** Type *Informed Consent*.
- **In the body of the email:** Type *I have read, understand, and agree to the statement on Informed Consent regarding online counseling and therapy with Paula Ehrmantraut MS MEd, LCPC, CRC*
- **Signature:** Type your *full name*.