



Abiding Hope
Christian Counseling

Ginger Gray, LCSW-S Clinical Director
19115 FM 2252 Ste. 12, San Antonio, TX 78266

CONSENT FOR COUNSELING SESSIONS via ZOOM

Counseling sessions may be able to be conducted via the videoconferencing platform, Zoom, for clients in the state of Texas, if the arrangement is agreed to by both parties. Late cancel/No show policy outlined in the Client Services Agreement applies to Zoom sessions the same as a regular scheduled office visit. Zoom sessions must be scheduled in advance and will not be available as a substitute for a missed/late cancelled office visit. Login difficulty or technical issues that prevent client from being present for scheduled Zoom appointment will be considered a late cancel/missed appointment.

Abiding Hope Christian Counseling cannot and does not guarantee the privacy or security of any session content being sent over the internet. Although, Zoom is HIPAA compliant and states "We take security seriously and we are proud to exceed industry standards when it comes to your organizations communications". It is possible that there could be disruptions to therapy due to technological difficulties.

Please see the following link review Zoom's security and privacy: <https://zoom.us/privacy>.

Just as insurance companies may not provide reimbursement for in person sessions, the same may be true for tele-therapy sessions. It is your responsibility to review your insurance company's policies on sessions held via videoconferencing as well as their coverage for sessions held in this manner. If they will not cover sessions via videoconferencing, you will be responsible for the cost of the sessions. All policies that have listed in the Informed Consent/Client Services Agreement apply to videoconferencing sessions.

Patients who are experiencing suicidal ideation may not be ideal candidates for tele-therapy sessions. If your counselor feels at any time that you would be better served by another form of psychotherapy services (e.g., face-to-face, in person sessions), even if tele-therapy has already begun, they will either refer you to participate in face-to-face sessions, or to another therapist who can provide such services.

If you are in a crisis, emergency, or are considering seriously harming yourself or others, you agree to dial 911 or go to the hospital. Your signature indicates that you have been informed of and understand the risks and procedures involved with using the videoconferencing technology, Zoom. Your signature also indicates that you agree to the terms listed above and hereby voluntarily consent to the use of Zoom for therapy sessions. Abiding Hope Christian Counseling should not be held liable in the event that any outside party passes Zoom's security and discovers personal or confidential information.

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name (if applicable): _____

Signature of Patient or Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____



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Emergency Contact for Zoom Counseling

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name (if applicable): _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship to patient: _____