

Renewed Hope Christian Counseling

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Online Counseling Session Consent Form

I _____ am choosing to participate in my counseling sessions online with Amy Prosch, LMSW, through the Doxy.me platform, which is HIPAA compliant. By doing this option I understand:

- All data is encrypted, my sessions are anonymous, and none of my information is stored on Doxy.me. Doxy.me adheres to HIPAA, PIPEDA, and GDPR data privacy requirements.
- I do not need to set up an account. I will log into Renewed Hope Christian Counseling's account at <https://doxy.me/renewedhopechristiancounseling> and check into the waiting room, 5 minutes before our scheduled session. My counselor will be with me shortly to begin our session at the appointed time.
- The counseling session will be 50 minutes, and payment will be accepted by credit card only for online sessions, unless I have prepaid sessions or made other arrangements with the counselor.
- I will need access to the internet with my computer for my appointment, and will need to enable my camera and microphone to be used by Doxy.me. I realize confidentiality in my location is my responsibility. (Please be alone, in a quiet room, with the door closed for your appointment.) My counselor will ensure privacy and confidentiality from their location.
- For best quality of video and audio connection, a hard wired connection (via a LAN cable) is suggested if possible. Headphones will increase confidentiality on the client's end.

I also understand the following limitations of a Doxy.me video counseling session:

- Any internet based communication is not 100% guaranteed to be secure/confidential. I agree that Renewed Hope Christian Counseling or Amy Prosch, LMSW, should not be held responsible if any outside party were able to access to Doxy.me's personal or confidential information by bypassing their security measures.
- In a crisis or emergency situation that needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call 911, or the National Suicide Hotline at 800-784-2433, or I will go to the nearest hospital emergency room.
- Confidentiality should be treated like an in office session: no outside distractions, turn off cell phones, close other programs on computer, and be on time.
- I understand that technical problems can occur. If our session is disrupted, the counselor will attempt to reconnect with me via Doxy.me or by phone or text. If reconnection cannot occur, the appointment will be rescheduled via phone or text.
- The online therapy sessions are not to take place of regular office sessions, but are being utilized when in office sessions cannot be scheduled for a length of time and the therapist and client deem it necessary for contact.

Client Printed Name: _____

Client Signature: _____

Date: _____

Please sign and date this form. The signed form can be mailed, emailed or faxed to the office. It must be received before the online session can begin.

Participant ID: _____

Date: _____

PATIENT HEALTH QUESTIONNAIRE & GENERALIZED ANXIETY DISORDER (PHQ9T & GAD7)Over the past 2 weeks, how often have you been bothered by any of the following?

Not at all	Several days	More than half the days	Nearly every day or every day
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Low Mood

	0	1	2	3
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as school work, reading, or watching TV	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being restless more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Anxiety

	0	1	2	3
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful	0	1	2	3

How difficult have these problems made it for you to do your schoolwork, participate in any chores or extracurricular activities, or get along with other people?	Not at all difficult	Somewhat difficult	Very difficult	Extremely difficult
	0	1	2	3