



1850 Lee Road, Suite 116, Winter Park, FL 32789 • Phone 407-644-8588 • Fax 407-644-8184

## SKYPE COUNSELING SESSIONS

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Skype appointments can be available to clients at the New Leaf Center as a convenience if the therapist determines they are appropriate. Video conferencing is not a substitute for in-person therapy, and can be used if circumstances indicate they could be helpful to maintain continuity of contact between client and therapist. Clients must agree to the following guidelines for Skype or other video conferencing:

I request that my therapy at New Leaf Center include Skype appointments. I understand that Skype contact is not intended to be an after-hours or emergency resource. I understand that Skype appointments are scheduled through the New Leaf Center office during normal New Leaf Center business hours, just as in-person appointments are scheduled. I understand that the fee for a 50-minute Skype appointment is the same as an in-person appointment, and I will provide a credit card number for payment, or make payment arrangements with the New Leaf Center business office.

I understand that Skype appointments are through the internet, and that internet communication is not 100% secure and confidential. The New Leaf Center will provide confidential surroundings in their office and it is my responsibility to provide confidential surroundings at my location that I feel comfortable with. New Leaf Center will not be held responsible for any breaches in security or confidentiality resulting from my surroundings, or internet or other technology interference.

Skype provides information regarding transmission security at <http://www.skype.com/security/safey/safety.html#privacylevels> and I understand that it is my responsibility to read this information.

I understand that if my therapist determines that Skype counseling is not appropriate for me and my therapeutic situation at any time, the therapist will suggest alternate forms of counseling, such as in-person appointments, referral resources, or telephone contacts. I agree to comply with the recommendations made by my therapist.

I understand that Skype and other video conferencing is insufficient for emergency, crisis, or life-threatening situations. If an emergency, crisis, or life-threatening situation exists, I will call 911, or go to an emergency facility immediately.

\_\_\_\_\_  
Client Signature

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Date