

MKR Therapies, LLC
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203-556-7125

MKR Therapies, LLC. Zoom Informed Consent Form
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I, _____ (Type your name), am choosing to receive counseling sessions at MKR Therapies via the Internet and Zoom (<https://zoom.us>).

By choosing this option, I understand:

About Online Video Sessions:

- Zoom is an online communication tool allowing face-to-face video, voice, or text-based chat/dialogue. Zoom-to-Zoom calling is encrypted to protect sensitive information. For more information on how Zoom keeps its client's information private, please visit and review the information at the link below.
 - https://zoom.us/docs/en-us/privacy-and-security.html?_ga=2.144560247.375211149.1610826942-850223383.1610223318
- Zoom software is available on any iOS device. Ensure that your iOS device is password protected and only you have access to the password. In addition, use a password protected private Internet connection when on a Zoom call. You may wish to choose a username that does not identify you by name to ensure more privacy
- Any Internet-based communication is not 100% guaranteed to be secure/confidential. Your therapist has made every reasonable effort to implement technical security measures that reduce risks of a confidentiality breach
- I have read the privacy and encryption information for Zoom and I agree that my therapist at MKR Therapies, LLCs. should not be held responsible if any outside party gains access to Zoom account information or transaction by bypassing online security measures
- Video sessions are not to take the place of the more optimal in-office counseling sessions, but are utilized when in-office sessions are not convenient or possible

My Responsibilities as the Client:

- I am responsible for ensuring confidentiality by closing other programs on my computer while in a video session, planning ahead to minimize distractions, and not answering calls or text messages while on the Zoom call.
- I also agree to be online five minutes prior to the scheduled e-session appointment (preferably in a quiet room alone with the door closed). Headphones may be used to increase privacy of session.
- I agree that I will not use Zoom in an emergency situation that needs immediate attention, whereby I am considering harming myself or someone else. If a life threatening crisis should occur, I agree to contact 911, or the 24 hour suicide hotline at 1-800-SUICIDE, or go to the nearest Emergency Room.

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- I agree that I will not use Zoom in an emergency situation that needs immediate attention, whereby my child is considering harming themselves or someone else. If a life threatening crisis should occur for my child or someone else, I agree to contact 911, or the kids in crisis hotline at 211, or go to the nearest Emergency Room.
- I agree to read the general informed consent form in addition to this form prior to starting video counseling sessions.

Therapist Responsibilities:

- The therapist will Zoom call the client at the scheduled appointment time
- The therapist
- will ensure to be alone in their office with a high quality, password protected wireless Internet connection.
- The therapist will ensure all other distractions such as phone calls are eliminated during the video counseling session.
- Technical problems may occur. If a call is disrupted, the therapist will call back unless technical difficulties persist. In such cases, the session can be continued via phone or rescheduled via phone or email, depending on client's preferences.
- If technical problems persist and the client does not want to continue the counseling session over the phone, the price of the session will be prorated based on the amount of time that has elapsed. For example, if half the session time has elapsed before the technical problems began, client will be charged for half the session.

My signature below certifies that I have read and understood the above information:

Parent/Client Name _____ Date _____

Parent/Client Signature _____ Date _____

Parent/Client Name _____ Date _____

Parent/Client Signature _____ Date _____

My signature below certifies that I have read and understood the above information:

Therapist Name _____

Therapist Signature _____ Date: _____

