

**Elizabeth Keane, LCSW**  
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Electronic communication and Zoom Counseling Sessions Consent Form

I, \_\_\_\_\_ am choosing to facilitate my counseling sessions via the internet and the zoom (zoom.com) program with Elizabeth Keane, LCSW. By choosing this option, I understand that:

- Zoom is an online communication tool allowing for face-to-face video, voice, or text-based chat dialogue. Zoom calling is encrypted using the same standards utilized by the US government to protect sensitive information.
- Zoom software must be downloaded onto a computer and an account setup.
- Search for and add therapist's meeting id to start meeting: 694 580 0547
- Appointments will be made via email or online appointment request form via website. Please be online at least five minutes prior to session, alone, in quiet room, door closed. Therapist will call you at scheduled appointment time.
- For best Zoom picture and audio quality, a hardwired connection (via LAN cable) rather than a wireless one should be used if possible. Headphones add additional security.

I also understand the following limitations of Skype video therapy sessions:

- Any internet based communication is not 100% guaranteed to be secure/confidential. I agree that Elizabeth, LCSW, should not be held responsible if any outside party gains access to Zoom'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 the National Suicide Hotline at 800-784-2433, dial 911 or go to a mental health hospital/ER.
- Confidentiality should be treated like an in office session: no outside distractions, turn off cell phones, close other programs on computer and don't be late.
- Technical problems could occur. If the call is disrupted, the therapist will call back within ten minutes. If reconnection cannot occur, the session will be rescheduled through email.
- The online therapy sessions are not to take place of regular in 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: \_\_\_\_\_