

John DeMarco M.Ed., LPC
LICENSED PROFESSIONAL COUNSELOR
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License No. 37PC00115000

Skype Distance Counseling Informed Consent

1. The words “your counselor” in this document mean John DeMarco M.Ed., LPC.
2. You are requesting to enter into an arrangement of receiving counseling using Skype video calling with your counselor.
3. You are aware that your counselor has first offered to provide services to you face to face, in person, in the counseling office.
4. You understand, acknowledge, and accept any inherent risks of your privacy being compromised by being interviewed via Skype video calling, which is no fault of your counselor, but only those risks due to privacy issues resulting from the use of electronic communication.
5. You agree to hold your counselor blameless and harmless for any compromise in your privacy that results from technical or inherent issues using Skype video calling technology.
6. Both you and your counselor agree not to record any video or audio portions in part or whole of Skype video calling sessions.
7. You agree to pay the following fee for each of your counseling sessions with John DeMarco M.Ed., LPC:

\$150.
8. You consent to making payments using a credit card at the beginning of each Skype video calling session. Further, you consent to having receipts for payment sent to you using either your email address or as a text message sent to your cellular phone. You accept all possible risks for compromises in your privacy using email or text messaging for receiving receipts, due to any inherent risks in using electronic communication.
9. You understand that insurance typically will not cover online counseling. It is your responsibility to find out if your insurance policy allows for online distance counseling.
10. You agree to be online at least five minutes prior to a session, alone, in a quiet room, free from distractions, door closed, and other programs on your computer closed. Your counselor will call you at the scheduled appointment time.
11. I have read and understand this informed consent and accordingly I certify that I am voluntarily seeking treatment from John DeMarco M.Ed., LPC, via Skype video calling as explained above.

Client Signature

Printed Name

Date