



It may occasionally be useful or necessary to provide counseling online through [www.Doxy.me](http://www.Doxy.me). It is your right to be informed about communicating through Doxy.me where disclosure of provider/client information is conducted.

### **Privacy and Security:**

***Each session will be conducted in a personalized room link just for provider/client conversation through a live video call. Sessions are anonymous to Doxy.me but not the provider, and the video call is NOT stored or saved.***

***HIPAA and data privacy requirements are followed by Doxy.me and Integrative Counseling Solutions LLC where protocols are taken to assure privacy is maintained.***

***All data is encrypted through Doxy.me to ensure audio/video are private and to verify data integrity.***

***If there is an emergency or urgent situation, call 911 or go to the nearest emergency room for treatment.***

If you believe that this would compromise your privacy or safety, you have the right to deny permission and request an alternate form of communication, such as phone contact. If your circumstances change, you can revoke permission to receive Telehealth at any time.

***You acknowledge and understand the importance of this permission form and approve communication through Doxy.me and Integrative Counseling Solutions LLC.***

***You agree that Integrative Counseling Solutions LLC and individuals associated with the office are not responsible from any, and all claims and liabilities arising from the information through Doxy.me.***

Permission for the staff of Integrative Counseling Solutions, LLC to communicate through **Doxy.me**. I understand that I may withdraw this permission at any time and will need to sign a new permission form at that time to update file.

Circle one: Approve / Deny

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_