



MASTERFUL COUPLES, LLC

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TELE-MENTAL HEALTH SERVICES AGREEMENT & INFORMED CONSENT

1. Masterful Couples, LLC utilizes Cisco WebEx as the forum to conduct Tele-mental Health Services, which is confidential. Any personal information you choose to share with me will be held in the strictest confidence. Just as for my face-to-face sessions, I will not release your information to anyone without your prior written approval, or I am required to do so by law. Please refer to the HIPAA Notice of Privacy Practices you received for details.
2. You understand that our Tele-mental Health Services must occur in the state of Virginia and is governed by the laws of that state. My licensure and malpractice insurance only allow for my clinical/Tele-mental health services to be provided in the state in which I am licensed, which is Virginia.
3. In the unlikely event I become convinced our Tele-mental Health services is not in your best interests (see below), I will suggest alternative options more appropriate for your needs.
4. While Tele-mental Health Services is a great way to access mental health services, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. You understand that Tele-mental Health Services is neither a substitute, nor the same as, face-to-face psychotherapy treatment. You accept the distinctions made using Tele-mental Health Services vs. face-to-face psychotherapy. In particular, you accept that Tele-mental Health Services does not provide emergency services.
5. You are responsible for information security on your computer. If you decide to keep copies of our emails or communication on your computer, it's up to you to keep that information secure. I do, however strongly advise against this. Unfortunately, I cannot guarantee the security of our emails as they travel between our computers, however WebEx is encrypted, therefore confidential. It is possible, though unlikely, to intercept emails in transit. If you are concerned about that possibility, please consider the option to encrypt our emails. Even if someone were to intercept an encrypted e-mail, they would not be able to read the encoded message.
6. Masterful Couples, LLC Tele-mental Health Services is a means by which you, the e-client, can receive therapeutic counseling services and information from a licensed therapist. The risks involved with Tele-mental Health include the potential release of private information due to the complexities and abnormalities involved with the Internet. Viruses, Trojans, and other involuntary intrusions have the ability to grab and release information you may desire to keep private.

7. You agree to participate in Tele-mental Health services in the State of Virginia, within your home, and away from anyone being within earshot, or able to hear our conversation. There is a risk of being overheard by someone nearby if you are not in a private area and are accessible to other's intrusion.

8. It is YOUR responsibility to create an environment on your end of the Tele-mental Health Services that is not subject to unexpected or unauthorized intrusion of your personal information. It is MY responsibility for me, the therapist, to do the same.

9. You understand that payment for Tele-mental Health Services is the same as with face-to-face services in that payment is due prior to the start of the session. My preferred method of payment is through Zelle.

10. Clients who reside outside of the state of Virginia and the state of professional licensure:

There is an important issue that should be understood by clients before Tele-mental Health Services begin. By participating in Tele-mental Health Services, you, the client, agree that the "point-of-service" for Tele-mental Health is to occur in the therapist's state of licensure (Virginia). This means that you must physically be in the state of Virginia when receiving Tele-mental health services with Ingrid J. Melenbacker. As a Licensed Professional Counselor, I am accountable to and agree to abide by the ethical and legal guidelines put forth by the State of Virginia, which is the reason for these stipulations. I have read and understand the information provided above. By signing below, you acknowledge your understanding of the above written information and are in agreement with the terms and therein.

Client Signature	Date	Printed Client Name
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Client Signature	Date	Printed Client Name
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Ingrid J. Melenbacker, LPC, CGMCT, NBCC	Date
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