

**Hope for Shattered Hearts Pastoral Counseling**  
**<https://zoom.us/>**  
**Join a Meeting: Meeting ID: 4702709268**

## **Client Information and Consent Form for Face-to-Face Video Conferencing**

### **Introduction**

Face-to-face video conferencing is the delivery of pastoral counseling services using interactive audio and visual electronic systems where the pastoral counselor and the client are not in the same physical location.

The interactive electronic systems used in <https://zoom.us/> incorporate network and software security protocols to protect the confidentiality of client information and audio and visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. Patricia Whalen is the Pastoral Counselor of Hope for Shattered Hearts (HFSH).

### **Potential benefits**

- Increased accessibility of pastoral counseling services
- Client convenience

### **Potential Risks**

As with any use of electronic procedures, there may be potential risks associated with tele-ministry. These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate decision-making by P. Whalen.
- I am fully aware that HFSH/P. Whalen is not able to provide medical treatment to me using interactive electronic equipment nor provide for or arrange for emergency care that I may require.
- As a result, delays in treatment may occur due to deficiencies or failures of the equipment.
- Security protocols can fail, causing a breach of privacy of my confidential medical information.
- A lack of access to all the information that might be available in a face-to-face visit but not in a tele-ministry session may result in errors in judgment.

Initial and date here when you have read this page \_\_\_\_\_

## **Alternatives to the use of face-to-face video conferencing**

- I acknowledge that I can select traditional face to face sessions by finding a local Pastoral Counselor or Mental Health Specialist in my local community at any time.

## **Rights**

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to tele-ministry.
- I understand that the Zoom technology used by HFSH/P. Whalen is encrypted to prevent unauthorized access to my private information.
- I have the right to withhold or withdraw my consent to the use of face-to-face video conferencing during my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
- I understand that HFSH/P. Whalen has the right to withhold or withdraw consent for the use of face-to-face video conferencing during my care at any time.
- I understand that Patricia Whalen is not a Licensed Therapist.

## **Responsibilities**

- I will not record any face-to-face video conferencing sessions without written consent from HFSH/P. Whalen. I understand that HFSH/P. Whalen will not record any of our face-to-face video conferencing sessions without my written consent.
- I will inform P. Whalen if any other person can hear or see any part of our session before the session begins. P. Whalen will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I am responsible for the configuration of any electronic equipment used on my computer, which is used for tele-ministry. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.
- I understand that my initial evaluation will be done by face-to-face video conferencing; therefore, I need to provide proof of identity by holding up a picture ID card so that P. Whalen can validate my identity.

## **Client Consent To The Use of Face-to-Face Video**

I have read and understand the information provided above regarding face-to-face video conferencing, have discussed it with HFSH/P. Whalen, and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of tele-ministry and authorize Hope for Shattered Hearts/P. Whalen, to use face-to-face video conferencing for the purpose of providing pastoral counseling.

Signature of Client \_\_\_\_\_

Date: \_\_\_\_\_