

## **Tele-counseling Informed Consent**

This Informed Consent for Tele-counseling contains important information focusing on doing tele-counseling using the internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

### **Benefits and Risks of Tele-counseling**

Tele-counseling refers to providing counseling services remotely using telecommunications technologies, such as face-to-face video conferencing. One of the benefits of tele-counseling is that the client and clinician can engage in services without being in the same physical location. This can be helpful in enduring continuity of care if the client or clinician moves to a different location within the state, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Tele-counseling is subject to all practice, privacy and security and ethical considerations discussed in this document and in the law, rules and regulations governing licensed practice in the state of Louisiana.

There may be both benefits and risks while participating in counseling, whether distance or face-to-face. Counseling may improve your ability to relate with others, provide a clearer understanding of yourself, your values, and your goals. Since counseling may also involve discussing unpleasant aspects of your life, you may also experience uncomfortable feelings. Counseling often leads to better relationships, solutions to specific problems and significant improvement in feelings of distress.

However, please understand that there are no guarantees of what you will experience, and that as you enter this Agreement you are using Granberry Counseling Centers at your own risk. You agree that you understand possible advantages and disadvantages of tele-counseling and shall not hold Granberry Counseling Centers counselors legally liable for any information or insight distributed here.

Tele-counseling, however, requires technical competence on both our parts to be helpful. Although there are benefits of tele-counseling, there are some risks. For example:

Risks to confidentiality. Because tele-counseling sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology. There are many ways that technology issues might impact tele-counseling. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

Crisis management and intervention. Usually, we do not engage in tele-counseling with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in tele-counseling, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our tele-counseling.

If it is deemed at any point in the treatment that your needs are greater than your Granberry counselor's area of expertise or scope of practice and it is determined that tele-counseling services are no longer appropriate for you, your Granberry counselor reserves the right to refuse and/or end treatment. If that should happen, appropriate referral sources will be provided to you.

Efficacy. Most research shows that tele-counseling is about as effective as in-person therapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

### **Electronic Communications**

We will decide together which kind of tele-counseling service to use. You may have to have certain computer or cell phone systems to use tele-counseling services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in tele-counseling.

For communication between sessions, we only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that we cannot guarantee the confidentiality of any information communicated by email or text. Therefore, we will not discuss any clinical information by email or text and prefer that you do not either. Also, we are not able to check email or texts regularly, nor do we respond immediately, so these methods **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. We will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If we are unavailable for an extended time, we will provide you with the name of a colleague to contact in our absence if necessary.

### **Confidentiality**

We have a legal and ethical responsibility to make our best efforts to protect all communications that are a part of our tele-counseling. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. We will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for tele-counseling sessions and having passwords to protect the device you use for tele-counseling).

### **Limits of Confidentiality:**

Only communicate through a computer that you know is safe, that is, where confidentiality can be safeguarded. This includes being aware of who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, friends, etc.

If you are having a tele-counseling session for somewhere other than a Granberry facility, you are responsible for being in a location that is private and confidential to speak with the counselor.

Be sure to fully exit all tele-counseling sessions immediately after the session and close out your emails after sending or receiving the message. Since there is no guarantee of privacy and confidentiality when using work computers, Granberry strongly advises that you only use your personal computer and private email for sessions and communication.

The extent of confidentiality and the exceptions to confidentiality that are outlined in our Informed Consent still apply in tele-counseling. Please let us know if you have any questions about exceptions to confidentiality.

### **Appropriateness of Tele-counseling**

From time to time, we may schedule in-person sessions to “check-in” with one another. I will let you know if I decide that tele-counseling is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Assessing and evaluating threats and other emergencies can be more difficult when conducting tele-counseling than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in tele-counseling. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency. If you are in your vehicle and are having an emergency, I need to know the make and model of your vehicle. (make and model)\_\_\_\_\_.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or 1-800-suicide or 1-800-273-TALK, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

There are some situations in which counselors are legally and ethically obligated to take actions they believe may be necessary to protect you or others from harm. If such a situation arises, Granberry Counseling Centers counselors will make every effort to fully discuss the issue with you, the client, before taking any action and will limit disclosure to only what is necessary. If a counselor has reason to believe that a child or vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agency.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the tele-counseling platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

### **Fees**

The same fee rates will apply for tele-counseling as apply for in-person counseling. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic counseling sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in tele-counseling sessions in order to determine whether these sessions will be covered.

### **Privacy Policy**

According to mental health licensing statutes, state and federal laws, such as HIPAA, protect the privacy of all communications between a client and practitioner. Granberry Counseling Centers complies with

these laws. Confidentiality is taken seriously and discussing or releasing your information to any individual, agency or corporation is not permitted unless you request release through a signed authorization form or if you indicate the intent to do harm to yourself or others.

**Records**

The tele-counseling sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with our policies.

**Accessing Counselor**

Granberry Counseling Centers counselors are only available during regular business hours. If you need to talk to your counselor, please call and leave a message or email – text messaging is only offered for administrative purposes discussed above. Your therapist will respond to you in a timely manner. However, if you experience a life-threatening emergency at any time during the course of your treatment, you will call 911, or have someone take you to the nearest emergency room.

Nearest emergency room to my home where I will be doing tele-counseling:

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**Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

\_\_\_\_\_ Date

For Minors only:

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
(Parent or Guardian) (Counselor)

To conduct tele-counseling with:

\_\_\_\_\_ (Name of minor child)  
\_\_\_\_\_ ( Relationship to minor child)

\_\_\_\_\_ Date

Therapist