

# IRISE Counseling Services, LLC



## Definition of Telehealth or Teletherapy

Telehealth involves the use of electronic communications to enable IRISE Counseling Services mental health professional Laurice D. Harrison, LPC-S to connect with individuals using interactive video and audio communications.

Telehealth or teletherapy includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data. I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth/teletherapy.

As such, I understand that the information disclosed by me during the course of my sessions is generally confidential and was discussed in “**Declaration Statement of Policies and Practice form**. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.

3. I understand that there are risks and consequences from telehealth/teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. IRISE/Laurice Harrison utilizes secure, encrypted audio/video transmission software Zoom which is HIPPA compliant Teletherapy platform to deliver telehealth. There is a virtual waiting room that notifies me when you have logged on.

4. I understand that if y video conferencing interrupts or drops while I am in session with my therapist, I will try to reconnect and may be use the chat feature to communicate. If we are unable to reconnect, I can contact my therapist at (225)-647-9001 or 225-978-2824.

5. I understand that if my counselor believes I would be better served by another form of intervention (e.g. face-to-face services), I will be referred to a mental health professional associated with any form of psychotherapy, and that despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.

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6. I understand the alternatives to counseling through telehealth/teletherapy as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my counselor, I may be directed to “face-to face” psychotherapy.

7. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.

8. I understand that my express consent is required to forward my personally identifiable information to a third party.

9. I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state in which I reside.

10. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). If there is an emergency during a Teletherapy session, then my therapist will call emergency services and my emergency contacts.

## **Payment for Telehealth Services**

IRISE Counseling Services will bill insurance for telehealth services when these services have been determined to be covered by an individual’s insurance plan. In the event that insurance does not cover telehealth, the individual will have to pay out-of-pocket, or when there is no insurance coverage, a prompt pay discount may be available.

I understand that I must identify where I am located for the teletherapy session. If I will not be in the state of Louisiana at the time of the session, I will notify my therapist in advance so she may discuss with me any legal or ethical concerns due to state laws. I also understand that she may not be able to provide services based on my location.

## **Patient Consent to the Use of Telehealth**

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

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By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

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

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date