

HopeLife Counseling
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479-202-4206

Telemental Health Disclosure and Informed Consent

Thank you for choosing HopeLife Counseling/Healey Ikerd, MS, LPC, LMFT. This document is intended to provide you specific information about telemental health services with me. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

Telemental Health is the use of telecommunications technology to provide behavioral health services and can cover methods such as Video, Chat, Text, Telephone, and Email. If you haven't already, please review my Pre-Telemental Health Questionnaire to ensure that you are a good candidate for telemental health.

Counseling is a collaborative process between you and a counselor to work on areas of dissatisfaction in your life and assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. I am committed to providing online psychotherapy services toward your desired goals. Counseling activities are governed by the Arkansas State Board of Examiners in Counseling. I do not take on clients that I do not think I can help. Therefore, I will enter our relationship with hope and optimism about our progress.

1. **Professional Disclosure.** I am a Licensed Professional Counselor and Licensed Marriage and Family Therapist and a Certified Clinical Mental Health Counselor in the State of Arkansas. You can find my licensure credential information at:
<http://search.statesolutions.us/Licensee/?ID=B5F9B4F28B624AC8B966471DC0E5E7C2&L=P1108054>

I also hold a specialization in Technology Assisted Counseling, which allows me to facilitate counseling sessions via phone, video-based chat, text-based chat, and email. My commitment to you is to provide quality Christian Counseling through technology as directed by the State of Arkansas, National Board for Certified Counselors (NBCC) and American Counseling Association (ACA).

2. **Limitations of Telemental Health Services.** While TeleMental health certainly offers many advantages such as convenience and flexibility and has been found to be as effective as in-person counseling, it is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. For example, there may be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. There is also a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see various details such as facial expressions. Or, if audio quality is lacking, I might not hear differences in your tone of voice that I could easily pick up if you were in my office. It is also possible that we experience a total disruption in service before or during the session.

3. **Technology Failure.** During a TeleMental health session, we could encounter a complete technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a third party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video

conferencing, please call me at: 479-202-4206. If there are problems with connectivity, we may have to reschedule the session. If cell service is unavailable, please email me at: office@hopelifecounseling.com to reschedule the session or through the website: <https://hopelifecounseling.com>.

4. Structure and Cost of Sessions. The structure and cost of TeleMental health sessions are listed on my Telemental Health Payment Schedule. When scheduling your appointment, you will be required to pay a deposit of \$55 with the remainder of payment made prior to appointment date/time. (This amount may be changed with my approval based on insurance benefits). It is your responsibility to understand insurance benefits regarding telemental health. Other guidelines are outlined in the Payment Schedule.

5. Confidentiality. Information and records created in the process of counseling are held in the strictest confidence. Information obtained in the counseling session or in written form will **not** be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to “protect you or someone else from imminent harm” or is otherwise legally required and/or allowed by law (such as abuse of a child, elder, or disabled person or court order). If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to other parties. Furthermore, if you authorize your EAP or insurance to pay for all or part of your treatment, I must be able to share your diagnosis and treatment with their representative as needed. Please refer to the HIPAA Notice of Policy Practices for more information.

In order to file insurance and maintain financial accounts, I contract with Gayle York for these services. She has access to basic information required to maintain financial accounts with HopeLife Counseling which includes filing insurance on your behalf as necessary. Please refer to the HIPAA Notice of Policy Practices (located on my website: <https://hopelifecounseling.com>) for more information.

These services rely on technology, which allow for greater convenience in service delivery. However, there are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. You are advised that any email sent to me via a computer in a work-place environment is also legally accessible by an employer.

I will require identification at the beginning of each session for security/confidentiality reasons. For the first session, I will require photo identification and for subsequent sessions, we will use a passcode.

I have selected technology-based services (email, audio/video and website) that are HIPAA compliant to ensure all your information remains confidential. You are responsible for creating safeguards also, such as making secure passwords to use computer, email, chat and video, using your own personal computer or device and selecting a private place for sessions. It is also recommended that you do not use ‘auto remember’ for the secure passwords that you create. You are welcome to discuss other ways to help limit risks with me during our first session.

I will take every precaution to ensure your psychotherapy sessions are technologically and environmentally secure. I would encourage you to do the same and find a place that minimizes interruptions and maximizes privacy and effectiveness. The virtual sessions will be conducted on a Wi-Fi for the best connection and to minimize disruption. Please note that if you use a public access Wi-Fi connection or on a shared network, information could be comprised and is not recommended.

I do not authorize any recording of any of the online session. You are welcome to take notes, as most clients find this very helpful in easily referring back to insights gained in session or to homework for the following session.

7. **Social Media Policy.** I do not accept friend or contact requests from current or former clients on any of my personal social media sites. You are welcome to ‘like’ or ‘follow’ my professional page (HopeLife Counseling) on social media. Be aware that if you like HopeLife’s Facebook page, you may show up on a list as a person that has ‘liked’ the page. This could be a compromise to your confidentiality. It is highly discouraged to transmit any confidential information on social media or through messaging as these are at high risk for compromise.

8. **Termination.** Like traditional, in-person counseling, the length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. As you complete your treatment goals, I encourage you to plan your termination with me, so that we can discuss a plan for continuing progress outside of treatment. You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, you or I may discuss treatment alternatives which could include a referral, termination, or changing the treatment plan.

If there has been no contact with me for 60 days, your case will be considered closed. You may always return for treatment at a later time. I may also close your case if you have missed three appointments without calling to cancel 24 hours prior to the scheduled appointment.

If during the course of using Telemental health services, you or I believe that you would benefit more from in-person psychotherapy, I will work with you to schedule or refer you to someone that in your area or more appropriate to your needs.

9. **Emergency.**

If you are in a state of crisis or emergency or need immediate assistance and I am unavailable, please identify a nearby hospital below that you would be able to access care. In addition, you will need to provide information for an emergency contact person. These all must be completed to participate in TeleMental health services.

Hospital Name and Location: _____

Hospital Telephone Number: _____

Emergency Contact Person: _____

Relationship _____ Telephone Number: _____

You may alternatively follow this plan:

1. Call Lifeline at (800) 273-8255 (National Crisis Line)
2. Call 1 800-SUICIDE or 1-800-273-TALK
3. Call 911.
4. Go to the emergency room of your choice.

If during a counseling service I evaluate a need to access emergency services for you such as a threat of suicide or harm to yourself, I will contact your emergency contact person or local emergency responders for assistance.

10. **Records.** I am required by law to maintain records of each counseling session in accordance with ACA Code of Ethics. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. Electronic records are kept on a secure jump drive in a

locked file cabinet where written records are maintained and are the property of Healey E. Ikerd/HopeLife Counseling. Any transfer, storage or disposal of client's records will be done in ways that protect your confidentiality and in accordance with applicable regulations or laws.

I have read, understand, agree, and consent to the above conditions of service stated above. I have also received and understand the HIPAA Notice of Privacy Practices. I have had the opportunity to ask questions about both. I consent to treatment by Healey E. Ikerd/HopeLife Counseling.

Signature	Printed Name	Date
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Signature	Printed Name	Date
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(**For Minors Only) I hereby grant permission to Healey E. Ikerd to counsel/assess my child.

Parent Signature	Parent Printed Name	Date
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