

## Client Information and Informed Consent for Teletherapy Treatment

I understand that telehealth or teletherapy involves the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to receiving health care services to me via telehealth over secure video conferencing platform.

### Points for Client Understanding:

- I understand the laws that protect the confidentiality of my personal health information also apply to Teletherapy, as do the limitations to that confidentiality discussed in the “**DECLARATION STATEMENT OF POLICIES AND PRACTICES**” form.
- I also understand that personally identifiable images or information from the Teletherapy interaction will not be recorded or photographed and will not be shared without my written consent.
- I understand that my personal information will not be shared with anyone without my written consent. I understand and agree to personal and medical information being shared with my insurance company if I chose to use one. If it becomes necessary for a technician to assist with the therapist’s equipment, they will keep any information obtained confidential. If my therapist finds it necessary to consult with another professional, they will not disclose any identifiable information. I understand that my demographic information may be shared with other individuals for scheduling and billing purposes.
- I understand that the counselor will maintain records of online counseling and/ or consultation services. These records can include reference notes, internet communication and session summaries. These records are confidential and will be maintained as required by applicable legal and ethical standards according to the, National Board of Certified Counselors, and the Louisiana State Board of Professional Counselors.
- I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. Teletherapy is performed over a secure communication system that is almost impossible for anyone else to access, but because there is still a possibility of a breach, I accept the very rare risk that this could affect confidentiality. I understand that I may experience benefits from the use of Teletherapy in my care, but that no results can be guaranteed or assured and my experience will not be the same as an in-person session due to the fact that I am not in the same room as my therapist. My therapist or I may discontinue the Teletherapy sessions at any time if it is felt that the videoconferencing is not adequate for the situation. If your issues are in an area that I do not feel qualified to treat, I will discuss this with you and attempt to refer you to a professional who is better qualified to work with you.
- I understand that I am responsible for providing the necessary computer, telecommunication equipment, and internet access for the my teletherapy session and security of my computer and in my own physical location. I understand that I am responsible for creating and maintaining my user name and password and not share these with another person. I understand that I am responsible to ensure privacy at my own location by being in a private location so other individuals cannot hear or interrupt my conversation.
- I understand that teletherapy does not provide emergency services. I am required to collaborate with my therapist and establish a safety plan which will include the location of the nearest emergency room. I understand that I can call 911 or proceed to the nearest hospital emergency room for help. 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) for free 24 hour hotline support. If there is an emergency during a Teletherapy session, then my therapist will call emergency services and my emergency contacts.

- Tiffany Thibodeaux, LLC uses a HIPPA compliant Teletherapy platform called Doxy.me. At your scheduled appointment, you will receive a text or email that includes the link to the secure website. If you do not receive it you go to our virtual waiting room <https://doxy.me/tiffanythibodeaux>, enter your name and you will be taken to our virtual waiting room until your therapist is ready to start the session.
- I understand that if the video conferencing interrupts or drops while I am in a session, I will try to reconnect and may be able to use the chat feature of the program to communicate with my therapist. If we are unable to reconnect I can contact my therapist at (225) 402-9167.
- I understand that scheduling of Teletherapy sessions and contact between sessions are done through the therapist website at [www.tiffanythibodeaux.com](http://www.tiffanythibodeaux.com) via the client portal or by calling the office at [\(225\) 402-9167](tel:2254029167).
- I understand that I must identify the 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 me services based on my location.

I consent to engaging in Teletherapy as part of my treatment with Tiffany Thibodeaux, LLC and my therapist. I understand that “Teletherapy” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of personal health information, and education using interactive audio, video, or data communications. I understand the information provided above regarding Teletherapy. I have discussed the consent with my therapist or assistant as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of Teletherapy in my care. I understand I have the right to withhold or withdraw this consent at any time.

**Acknowledgement of reading and receipt of the  
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Client signature \_\_\_\_\_, Date \_\_\_\_\_

If client is under the age of 18 Parent/Guardian signature \_\_\_\_\_

Relationship of Parent/Guardian \_\_\_\_\_