

Telemental Health Information, Authorization, and Consent
Counseling for Growth, LLC
Ms. Rikia Ancar, M.A., LMFT

This document is designed to inform you about what you can expect from your clinician regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to Telemental Health. Telemental Health is defined as follows: “Telemental Health is a subset of telehealth that uses technology to provide mental health services from a distance and includes telepsychology and telebehavioral health and consultation. The mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. Telemental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (American Telemedicine Association, 2009)

All Telemental health sessions that take place with Rikia Ancar, M.A., LMFT will be via videoconferencing. Telephone usage is only for administrative purposes. Emails will only be used for administrative purposes. In accordance with Louisiana Law and Louisiana Licensed Professional Counselors Board of Examiners, these services are only available to clients who reside in Louisiana and are in Louisiana at the time of the session.

Rikia Ancar, LMFT will only contact you via phone (landline, cell phone call. or text) for the purpose of scheduling appointments or billing matters. It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If this is not an acceptable way to contact you, please let Ms. Ancar know as soon as possible.

Additional Cell Phone Information: Additionally, Ms. Ancar may keep your phone number in her cell phone contact list, it will be listed by your initials only and the phone is password protected. If this is a problem, please let Ms. Ancar know, and we will discuss your options.

Text Messaging and Emails: Text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, many people prefer to text or email because it is a quick way to convey information. Nonetheless, please know that it is Counseling for Growth, LLC. and Ms. Ancar’s policy to utilize these means of communication strictly for appointment confirmations. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. You also need to know that Ms. Ancar is required to keep a copy or

summary of all texts and emails as part of your clinical record that address anything related to therapy. Ms. Ancar also strongly suggests that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). ***If you are in a crisis, please do not communicate this via email because it may not be seen in a timely manner. Instead, please see below under "Emergency Procedures."***

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc: Ms. Ancar does not accept "friend" or "connection" requests from any current or former clients on personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc., because it may compromise your confidentiality and blur the boundaries of the therapeutic/working relationship. Ms. Ancar does not search for clients on Google, Bing or any other search engine. If there is content on the Internet that you would like to share with your clinician for therapeutic reasons, please print this material out and bring it to your session or we can view it together, in session.

Electronic Record Storage: Your communications with Ms. Ancar will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Ms. Ancar utilizes TherapyAppointments for electronic record storage and telehealth sessions. This company has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption.

Electronic Transfer of PHI for Certain Credit Card Transactions: Counseling for Growth, LLC and Ms. Ancar utilizes Square to process your credit card information. If you are using a third party's credit card (parent, spouse, employer) to pay for your fees, it could compromise your confidentiality. Credit card holders can request that a text or an email receipt be sent to them that indicates that you used the credit card for services, the date you used it, and the amount that was charged. This notification is usually set up two different ways: either upon the card holder's request at the time the card is run or automatically or at the end of the day, week, month, etc. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification activated. Please know that if you do not want a receipt you must alert Ms. Ancar prior to your card being charged. Additionally, please be aware that the transaction will also appear on your credit-card bill.

Your Responsibilities for Confidentiality & Telemental Health: Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location, (not a coffee shop or other public space) to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Ms. Ancar highly recommends that you are alone at the time of your Telemental Health session. If you are not alone, please inform Ms. Ancar as soon as your session begins.

Communication Response Time: *In accordance with Louisiana Law and Louisiana Licensed Professional Counselors Board of Examiners, these services are only available to clients who reside in Louisiana and are in Louisiana at the time of the session.* Counseling for Growth, LLC is physically located in Baton Rouge, LA and abides by Central Standard Time. Counseling for Growth, LLC is considered to be an outpatient facility, and is set up to accommodate individuals who are reasonably safe and resourceful. Rikia Ancar, M.A., LMFT does not carry a beeper, nor is she available at all times. If at any time, Telemental Health does not feel like sufficient support, please inform Ms. Ancar to discuss additional resources or options to transfer your case to a therapist or clinic with 24-hour availability. Additionally, if at any time, Rikia Ancar, LMFT feels that there is any clinical indication that Telemental Health services is not an inappropriate level of care for you, they will discuss alternative options for you and will work with you to find an appropriate level of care for you in your geographic area. Ms. Ancar will attempt, within reason, to return phone calls within 1 business day during business hours. Ms. Ancar will not return calls, emails or texts on weekends (when she is not in office) or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency: If you have a mental health emergency, do not to wait for communication back from Ms. Ancar, but do one or more of the following:

- Call 911
- Go to the emergency room of your choice
- Call the National Suicide Hotline (800) 273-8255
- Call Life line at (800)273-8255 (National Crisis Line)

Emergency Procedures Specific to Telemental Health Services: There are additional procedures that need to be in place specific to Telemental Health services. These are for your safety in case of an emergency and are as follows:

1. You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms (hallucinations, voices or commands), or in a crisis that we cannot solve remotely, Ms. Ancar may determine that you need a higher level of care and Telemental Health services are not appropriate.

2. Ms. Ancar must have the contact information for an Emergency Contact Person(ECP) who she may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or Ms. Ancar will verify that your ECP is willing and able to go to your location in the event of an emergency. ***Your signature at the end of this document indicates that you understand Ms. Ancar will only contact this individual in the extreme circumstances stated above.*** Please list your ECP here:

Name: _____ Phone: _____

3. You agree to inform Ms.Ancar of the address where you are at the beginning of every Telemental Health session.

4. You agree to make every possible attempt to be alone for your Telemental Health session. If you are not alone, you agree to tell Ms. Ancar at the beginning of the session.

5. You agree to inform your clinician of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a Telemental Health session).

Please list this hospital and contact number here:

Hospital: _____ Phone: _____

In Case of Technology Failure: During a Telemental Health session, you and Ms. Ancar could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and that Ms. Ancar has that phone number. The session will not continue via phone but the session will be rescheduled and a brief check-in will be done to ensure that the client(s) are stable at the conclusion of the session.

Structure and Cost of Sessions: Counseling for Growth, LLC offers primarily in-person counseling. However, based on your ability to make in person sessions, your clinician may provide video counseling, if your treatment needs determine that Telemental Health services are appropriate for you. If appropriate, you may engage in-person sessions, Telemental Health, or both. The modality will be agreed upon collaboratively. Please remember that Ms. Ancar is unable to accept insurance at this time. The structure and cost of Telemental Health sessions are exactly the same as face-to-face sessions. ***You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, internet or phone charges, software, headset, etc.***

Cancellation Policy: In the event that you are unable to keep either a face-to-face appointment or a Telemental Health appointment, you must notify Ms. Ancar via phone, email, or portal at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed.

Limitations of Telemental Health Therapy Services: Telemental Health services should not be viewed as a complete substitute for in-person therapy conducted at Counseling for Growth, LLC unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your clinician might not see a tear in your eye. Or, if audio quality is lacking, your clinician might not hear the crack in your voice that could easily pick up if you were in your clinician's office. There may also 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.

Consent to Telemental Health Services: Please check the Telemental Health services you are authorizing Ms. Ancar to utilize for your treatment or administrative purposes. Together, we will ultimately determine which modes of communication are best for you. However, you

may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying Ms. Ancar in writing.

- Texting
- Email
- Recommendations to Websites or Apps
- Video Session

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that Ms. Ancar is open to any feelings or thoughts you have about these and other modalities of communication and treatment. Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to these policies, and you are authorizing me to utilize the Telemental Health methods discussed.

Client Name (Please Print) & Date

Client Signature

If Applicable: _____
Parent's or Legal Guardian's Name (Please Print) & Date

Parent's or Legal Guardian's Signature & Date

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Therapist's Signature Date & Date