



433 METAIRIE RD, SUITE 401 • METAIRIE, LA 70005 • 504-655-6008

Teletherapy Declaration of Policies & Procedures

TO CLIENTS: *Licensed mental health professionals are required by their licensing boards to provide you, the client, with certain basic information. You should have already received and signed the basic Declaration of Practices and Procedures from your clinician. This Teletherapy Policy & Procedure document describes certain important aspects of therapy unique to Teletherapy. Dr. Matt Morris & Associates is providing you this information for your review and agreement. Please read it carefully and discuss any questions you have before signing below.*

QUALIFICATIONS: If you are receiving this document, your clinician has completed 3 hours of synchronous or asynchronous teletherapy professional training in addition to their professional qualifications as a clinician. This training covered the Law and Ethics and Clinical Skills specifically related to telehealth care. Your clinician will continue to receive at least three hours of continuing education in the area of telemental health every two years.

CLIENT RESPONSIBILITIES

All teletherapy clients should:

- Be appropriately dressed during sessions.
- Avoid using alcohol, drugs, or other mind-altering substances prior to session.
- Be located in a safe and private area appropriate for teletherapy sessions.
- Make every attempt to be in a location with stable internet capability.

All teletherapy clients should not:

- Record sessions unless first obtaining their clinician's permission.
- Have anyone else in the room unless it was discussed prior with their clinician.
- Conduct other activities while in session (such as texting, driving, etc.).

POTENTIAL COUNSELING RISKS: When using technology for communication of any kind, there is a risk that it may be forwarded, intercepted, circulated, stored, or even changed and the security of the devices used may be compromised. Although Dr. Matt Morris & Associates makes reasonable efforts to protect the privacy and security of all electronic communications with you, it is not possible to completely secure the information. If you use any other methods of electronic communication with us, other than the means recommended by us, there is a reasonable chance that a third party may be able to intercept that communication. With the use of technology, it is important to be aware that others (family, friends, co-workers, hackers, etc.) may have access to your device. You are responsible for reviewing the privacy sections and agreement forms of any application and technology you use. Please contact us with any questions that you may have on privacy measures.

POSSIBLE LIMITATIONS OF TELETHERAPY: Teletherapy is an alternate form of counseling with possible benefits and limitations. It should not be viewed as a substitute for on-site counseling or medication by a physician. By signing this document you agree that you understand that teletherapy:

- May lack visual and/or audio cues, which may cause misunderstanding
- May have disruptions in the service and quality of the technology used
- May not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts

OFFICE PROCEDURES & FEES: Along with the office procedures and fees listed in your clinician's Declaration of Practices and Procedures (DPP), the following office procedures are being added as they relate to teletherapy:

No-Show/Cancellations: A fee will be charged for all missed appointments or cancellations within 24 hours of the session. Please see the No-Show/Cancellation Fee Policy outlined in your clinician's DPP. For teletherapy sessions, if the session is not initiated within 10 minutes of the start time, the session will be considered a no-show and you will be charged for the session according to the No-Show/Cancellation Fee Policy.



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Verification of Identity: If sessions are requested via Teletherapy, verification of identity will be required by matching you with your picture ID. If Teletherapy is being conducted over the phone, you will choose a passphrase or number which you will use for all future sessions. This process protects you from another person posing as you.

CONFIDENTIALITY OF RECORDS: All of your Protected Health Information (PHI) is kept for a minimum of six years for adults or seven years after the age of majority for minors. It is your clinician's personal, professional, and legal obligation to keep all of your PHI confidential, with some exceptions. Your clinician's DPP contains detailed information on how private information about your health is protected and under what circumstances it may be shared. In the event of the death, retirement, or incapacity of your clinician, one of the therapy staff of Dr. Matt Morris & Associates will contact you. This staff member will be responsible for any requests of records and destroying of records in the time frame stated above. If you are a current client, the same staff member will assist in providing appropriate referrals for further treatment.

The following information explains how we handle and store your PHI while you are receiving counseling:

On-Site: On-site sessions are held in your clinician's office, which is designed for privacy. Any paper with your personal information is kept in a locked cabinet behind a locked door.

Email: Email is not always secure. However, we have chosen to use an email platform which is designed for privacy and security and provides a Business Associates Agreement for HIPAA compliance.

Video Conferencing/Teletherapy: All video conferencing correspondence will be done through a HIPAA compliant secure platform which is encrypted to the federal standard.

Contact Information: When you need to contact your clinician for any reason, please refer to your specific clinician's DPP for their preferred methods of contact. Please refrain from reaching out to your clinician via social media messaging platforms (i.e., Facebook Messenger) as these methods are not HIPAA compliant nor is your clinician monitoring these platforms for client messages.

EMERGENCY SITUATIONS: So that your clinician is able to get you help in case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You, the client, will inform your clinician of the location in which you will be consistently during your sessions, and you will inform them if this location changes.
- You, the client, will identify on your client intake form a person whom your clinician is allowed to contact in the case that they believe you are at risk.
- Depending on the assessment of risk, you, the client, or your clinician may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if your clinician deems necessary, call 911 and/or transport you to a hospital. In addition, your clinician may assess, and therefore require that you create a safe environment at your location during the entire time that you are in treatment. The definition of safe environment may differ for each client, so your clinician will ensure that each client knows the specifics.

In an emergency situation when an immediate response is necessary, you may call or text 988 to reach the Suicide & Crisis Lifeline, call 911, or go to the nearest hospital emergency department.

Backup Plan In Case of Technology Failure: The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that your clinician knows your phone number. If you get disconnected from a video conference, end and restart the session. If you are unable to reconnect within five minutes, call your clinician at their number listed on their DPP. If your clinician does not hear from you within five minutes you agree (unless you request otherwise) that your clinician can call you on the phone number you provide on the client intake form. If you and your clinician are unable to connect via the phone, the clinician will send you a message via email.



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CONSENT TO TELETHERAPY TREATMENT

I have read the Dr. Matt Morris & Associates Teletherapy Declaration of Policies and Procedures and my signature below indicates my full informed consent to services provided by my clinician via teletherapy treatment.

Client(s) Signature(s): _____ Date: ____/____/____

_____ Date: ____/____/____
_____ Date: ____/____/____
_____ Date: ____/____/____

Parental Authorization for Minors: I, _____, give permission for
_____ (clinician's name) to conduct counseling with my (relationship),
_____, (name of minor) _____.