



R³ Counseling & Consulting Services

Restore, Replenish, Reestablish
the Mind, Body, & Spirit

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COUNSELING INFORMATION AND CONSENT FOR TELETHERAPY

This Informed Consent for Teletherapy contains important information focusing on doing psychotherapy using videoconferencing. Teletherapy will be conducted using Zoom Professional, which is HIPAA compliant video conferencing software. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Dr. Mason's Qualifications: I earned a doctoral degree in Counselor Education from the University of New Orleans in 2003. I am a LPC # 4563 registered with the LPC Board of Examiners which is located at 11410 Lake Sherwood Avenue North, Suite A, Baton Rouge, LA 70816, 225-295-8444. I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs) and certified in Telemental Health.

Counseling Relationship: I see counseling as a process in which you, the client, and I, the counselor, having come to understand and trust one another, work as a team to explore, define, manage, and resolve problem situations, develop goals for an improved life, and work together in a systematic fashion toward realizing those goals.

Benefits and Risks of Teletherapy: Teletherapy refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing. One of the benefits of teletherapy is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Teletherapy, however, requires technical competence on both our parts to be helpful. Although there are benefits of teletherapy, there are some differences between in-person psychotherapy and teletherapy, as well as some risks. These include the following:

- **Risks to confidentiality.** Because teletherapy sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- **Issues related to technology.** There are many ways that technology issues might impact teletherapy. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- **Crisis management and intervention.** Usually, I will not engage in teletherapy with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in teletherapy, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our teletherapy work.
- **Efficacy.** Most research shows that teletherapy is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

Appropriateness of Teletherapy: From time to time, we may schedule in-person sessions to "check-in" with one another. I will let you know if I decide that teletherapy is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology: Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in teletherapy services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency. If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, the COPELINE at 504-523-2673, or go to your nearest emergency room. Call me back after you have called or obtained emergency services. If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the teletherapy platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you (985-326-9224). If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Emergency Contact Release Form: An emergency plan is required before engaging in teletherapy services. Please identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation.

I hereby authorize Dr. Kimberly Mason at R3 Counseling & Consulting Services to release any information needed to secure safety when suicidal, homicidal, or any information related to a medical concern or emergency to the emergency contact listed below:

Emergency Contact Name: _____

Relationship to Contact: _____

Emergency Contact City: _____ State: _____ Zip: _____

Emergency Contact Phone Number: _____

Emergency Contact Email: _____

By typing my name below, I understand this release authorization is limited for the purposes and to the person listed above. I understand this release form is revocable at any time except to the extent that action has been taken on it already.

Client: _____ Date: _____

Code of Conduct: As a license professional counselor, I am required by state law to adhere to the Code of Conduct for practice that has been adopted by the Louisiana licensing board. A copy of this Code of Conduct is available upon request.

Confidentiality: Contents of all therapy sessions are confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

- **DUTY TO WARN AND PROTECT** - When a client discloses intentions or a plan to harm another person the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental health professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
- **ABUSE OF CHILDREN AND VULNERABLE ADULTS** - If a client states or suggests that they are abusing a child

or vulnerable adult, or has recently abused a child or vulnerable adult, a child or vulnerable adult is in danger of abuse, or it appears that a child is being neglected or abused--physically, sexually or emotionally, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

- MINORS - Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.
- COURT-ORDERED - A court order is received directing the disclosure of information.

Privilege Communications: It is my policy to assert privileged communication on behalf of clients and the right to consult with clients, if at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable. In the event of couples or family counseling, information obtained from an adult client individually may be shared with the client's spouse or other family members only with the client's permission. Any information obtained from minor clients may be shared with their parent or guardian.

Electronic Communications: We will conduct teletherapy over videoconferencing software that has been encrypted and HIPPA compliant. You may have to have certain computer or mobile phone systems to use teletherapy services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in teletherapy. For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods should not be used if there is an emergency. Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call.

Social Media and Telecommunication: Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. If you have questions about this, please bring them up when we meet, and we can talk more about it.

Appointments: Clients are seen by appointment only. When a counselor sets an appointment with you, that time is yours and yours alone. If you need to cancel your appointment, I require 24-hours' notice; otherwise, you are subject to a full charge for the missed appointment. Messages may be left on the voice mail, which will accurately record the date and time you called. If you are late, for any reason, you will receive the remainder of your scheduled time. This is necessary so I can see following clients at their scheduled times. You will, however, be required to pay the full fee.

Fees: The same fee rates will apply for teletherapy as apply for in-person counseling. Sessions run for 60 minutes. Longer sessions are available at a pro-rated cost.

- Individual Counseling: \$90.00 per 60-minute session

- Couple Counseling: \$125.00 per 60-minute session
- Career Counseling: \$90 per 60-minute session
- Crisis Counseling: \$175.00 per 60-minute session (for every 30 min past one hour, additional \$40 is assessed)
- Teletherapy Individual Counseling: \$90.00 per 60-minute session
- Teletherapy Couples Counseling: \$90.00 per 60-minute session
- Teletherapy Career Counseling: \$90 per 60-minute session

Insurance: I do not accept health insurance directly, but I am an out-of-network provider. Financial arrangements are made directly with you. I will assist you with your insurance claim should such help be needed. I can provide you with a receipt to turn into your health insurance company and you may receive reimbursement for the fee. This is determined by your insurance policy. Please submit any forms needing a signature to session. I make no guarantee that your insurance will reimburse you. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis I plan to render before submitting it to the health insurance company.

Payment Authorization: I authorize Dr. Kimberly Mason at R3 Counseling & Consulting Services to charge my card below for services provided. I understand that my information will be saved on file for future transactions on my account. I understand that I may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Enter name on credit card below as consent.

Client Name: _____ Date: _____

Client's Name (if different than billing name): _____

Card Number: _____ Security Code: _____

Expiration Date: _____

Parent/Guardian of Minor Client: If applicable, please initial after each line and sign and date below, indicating your agreement to respect your child's privacy. If it is not applicable, please proceed to the section, Acknowledgement for Teletherapy.

- I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.
- Although I may have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's/adolescent's treatment.
- I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment, unless otherwise noted above.

I, parent/guardian, give permission for Dr. Kimberly Mason to conduct counseling with my minor child. I understand that some information discussed in therapy may not be shared with me due to confidentiality concerns and the possible negative impact it could pose on the therapeutic relationship with the therapist and my child.

Relationship to Minor Client (if necessary): _____ Date: _____

Minors: If you are under 18-years of age, please be aware that your parents may be legally entitled to some information about your therapy. I will provide them only with general information about the work you and I

perform together in the counseling process, unless I believe there is a high risk that you will seriously harm yourself or someone else. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what is being prepared to discuss with them.

Records: The teletherapy sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

Acknowledgement for Teletherapy: I do hereby seek and consent to take part in teletherapy treatment by Dr. Kimberly Mason. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist. I am aware that I may stop treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment. I am aware that video counseling is not appropriate if I am currently experiencing suicidal thoughts and/or ideations. I understand that I should call 911 or go to the nearest emergency room if I am in crisis. My typed name below shows that I understand and agree with all these statements.

I have read and understand these policies and agree to abide by them, and any questions that I had about this statement have been answered to my satisfaction.

Client Signature _____ Date _____

Client Signature _____ Date _____

Counselor Signature _____ Date _____

Counselor Name and Credentials: Kimberly L. Mason, Ph.D., LPC-S