

Teletherapy Informed Consent Form

Please read this consent form carefully, as it describes the policies and procedures followed by Dr. Millhollon regarding Teletherapy.

Teletherapy is defined as a method of delivering mental health counseling, psychotherapy, and marriage and family therapy services using interactive technology-assisted media to facilitate prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, relational, and addiction disorders to individuals, groups, organizations, or the general public that enables a licensed therapist and a client separated by distance to interact via synchronous video and audio transmission. Prior to initiating teletherapy, unless special circumstances prohibit it, you will be required to meet face-to-face with Dr. Millhollon and you will be expected to complete an intake form to determine if you may be properly diagnosed and/or treated via teletherapy and that technology-assisted media are appropriate. You must also provide documentation of your identity in the form of a Driver's License, Identification Card, or Passport. The intake, among other things, will require that you provide the name and phone number of your physician and a relative or friend to contact in case of emergency. You will also be required to provide the location and contact information of the emergency room and first responders nearest to your location. If the person receiving teletherapy is a minor, you will be required to verify your identity as parent or guardian consenting to the minor's treatment. In cases where conservatorship, guardianship, or parental rights of the minor client have been modified by the court, Dr. Millhollon shall obtain and review a copy of the custody agreement or court order before the onset of treatment. You will also need to affirm your knowledge of the use of selected technology-assisted media (i.e. software and devices). Dr. Millhollon requires that technology-assisted media used in teletherapy be in compliance with HIPAA and HiTECH standards. Social media platforms or functions (tweets, blogs, networking sites, etc.) are not permissible in the delivery of teletherapy.

Fees for teletherapy are the same as fees for face-to-face therapy as stipulated in Dr. Millhollon's Statement of Practices and Procedures. However, if payment is required for services, including your co-pay or deductible, it must be made prior to your teletherapy appointment via PayPal or credit card. If using a credit card, you will be required to have your credit card billing information on file. If you do not show up for your session after payment is made, you will not be issued a refund. As with face-to-face therapy, Dr. Millhollon has a 24-hour cancellation and rescheduling policy. Cancellations or rescheduling requests made prior to this window are rescheduled with no penalty. Cancellations or rescheduling of sessions not honoring the 24-hour cancellation policy as well as missed sessions will incur the full fee which is an out-of-pocket expense. Also, note that excessive "no-shows", cancellations, or reschedules on the part of the client could result in referral.

I hereby consent to engage in teletherapy as defined above with Dr. Millhollon and I understand that teletherapy involves the communication of my medical/mental health information, both orally and visually. I understand that teletherapy must be delivered in real-time (synchronous) using technology-assisted media such as telephonic and video conferencing through computers and mobile devices. The use of asynchronous modalities (e-mail, chatting, texting, and fax) is not appropriate and should not be used for teletherapy, except in a crisis to ensure my safety and stability. I understand that I have the following rights with respect to teletherapy:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of my health information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in Dr. Millhollon's Statement of Practices and Procedures I received with this consent form.
- I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Dr. Millhollon, that:
 1. the transmission of my information could be disrupted or distorted by technical failures
 2. the transmission of my information could be intercepted by unauthorized persons and/or

3. the electronic storage of my medical information could be accessed by unauthorized persons

- I understand that teletherapy-based services may not be as complete as face-to-face services. I also understand that if Dr. Millhollon believes I would be better served by another form of therapeutic services (e.g. face-to-face services), I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of Dr. Millhollon, my condition may not improve, and in some cases may even get worse.
- I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
- I accept that teletherapy does not provide emergency services. During our first session, Dr. Millhollon and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call my primary care physician, 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 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline). The 988 Suicide & Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices.
- I understand that I am responsible for
 1. Providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions.
 2. The information security of my telecommunication equipment.
 3. Arranging a location with sufficient lighting and confidentiality that is free from distractions or intrusions for my teletherapy session.
- I understand that while email and text messages may be used to communicate with Dr. Millhollon outside of teletherapy, confidentiality of emails and text messages cannot be guaranteed.
- I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.
- I have read, understand and agree to the information provided above.

CLIENT'S STATEMENT OF UNDERSTANDING/CONSENT TO TELETHERAPY

I, _____, agree to the above criteria and attest to the following:

1. I reside in Louisiana and I am at least 18 years of age.
2. My therapist is licensed in Louisiana and follows the laws and professional regulations of that state.
3. I have read, understood, and signed Dr. Millhollon's Statement of Practices and Procedures.
4. I agree to participate in teletherapy and I have read, understood, and will comply with the policies listed above.
5. I understand that if payment is required for services, including my co-pay or deductible, it must be made prior to my teletherapy appointment via PayPal or credit card and that if using a credit card, I will be required to have my credit card billing information on file with Dr. Millhollon. If required payment is not made prior to my scheduled session, that session may be canceled.
6. I understand that Dr. Millhollon has a 24-hour cancellation and rescheduling policy. Cancellations or rescheduling requests made prior to this window are rescheduled with no penalty. Cancellations or rescheduling of sessions not honoring the 24-hour cancellation policy as well as missed sessions will incur the full fee which is an out-of-pocket expense.

Responsible Client

Date

Responsible Client

Date

Parent/Guardian Consent for Teletherapy with a Minor

(complete this only if you are the parent or legal guardian of the minor receiving teletherapy)

I, _____ give my permission for Eddie P. Millhollon, Ph.D., LPC-S, to conduct
(Print Name of Parent or Legal Guardian)

teletherapy with my _____ , _____ .
(Relationship) (Name of Minor)

Signature of Parent or Legal Guardian

Date

I have reviewed the information in this document with the client(s) and have given them the opportunity to ask questions about its content and witnessed their signature.

Eddie P. Millhollon, Ph.D., LPC-S

Date