

*Counseling Services : Earnest Ford, MC, LPC*

*890 W. Elliot Rd. Ste. 101, Gilbert, AZ 85234/Phone: (Office) 480-507-3340 ext.1 Fax: 480-507-3317*

*email: [thergrp09@yahoo.com](mailto:thergrp09@yahoo.com)*

## Telehealth Guidelines and Acknowledgement

This document will discuss Telehealth (telephonic) and video services offered by me. It will briefly address some pros and cons of telephone therapy vs face-to-face therapy, and informed consent. Also included are the guidelines for telephone & video counseling to ensure your Protected Health Information remains confidential. The information in this document will also be reviewed with you during the first and possible subsequent telephone & video sessions.

### TELEPHONIC

Telephone therapy follows the same guidelines related to informed consent, meaning:

#### **INFORMED CONSENT**

Counseling has benefits and risks. Risks sometimes include experiencing uncomfortable feelings like sadness or loneliness or recalling aspects of your personal history that you find unpleasant. Still, counseling has been shown to have significant benefits for people who undertake it. It often promotes a significant reduction in feelings or distress, improved relationships and quality of life, and the resolution of specific problems. **Still, there are not absolute guarantees about what will happen.**

In addition to informed consent, telephone counseling can offer the following benefits:

Convenience: from the privacy of your own home, no trips to the therapist office.

You can express yourself in many ways —Audio, text and More

You can start therapy immediately (usually within 2-3 business days)

Confidentiality is the same as face-to-face with additional guidelines related to telephonic services

It's good for people with possible other situations that may limit their availability to visit therapist office such as social anxiety.

On the other hands, telephone counseling may not be as helpful as face-to face counseling due to:

Some People Need the In-Person Interaction

Online Therapy Alone Is Often Not Enough for Severe Mental Health Issues

Some Forms of Therapy Are Difficult or Nearly Impossible to offer or be effective via telephone.

#### **GUIDELINES:**

My telephonic contact with you will be provided through a HIPAA compliant approved platform.

During our telephone sessions, the following rules will always be followed:

- Therapist has a way to verify you are in fact the person receiving the confidential counseling service i.e. (verification through date of birth, address etc).
- Both client and therapist will conduct session in an isolated/free from distractions location/room away from the public to ensure privacy.
- Neither client or therapist will use speakerphone (unless absolute necessity i.e. couples, family session)
- Neither client or therapist will record any sessions.
- Therapist will verify that you have a support or resource to contact in case of emergency (including the support/resource list provided during the registration process.
- If during the process of a telephonic session, the client indicates any thoughts of harm to self or harm to others, child abuse, child neglect, domestic violence or elder abuse, the therapist will inform the client these are reportable incidents . In the case of self harm or harm to others, safety planning will be generated and agreed upon by both client and therapist. **If the client fails to agree to safety planning the therapist has the duty to contact the proper authorities for safety reasons.**

#### **Video Sessions**

Telemental Health sessions should mirror those of in-person sessions; both locations (clinician and client) are treatment rooms and should provide the same professional specifications as those of a standard in-person clinical service room.

- **Privacy:** Both the clinician & client should make every effort to ensure privacy so that the clinical discussion cannot be heard outside of the rooms where the services are being provided. If there are other people present, either in or in or near the service room), both will be made aware of these individuals and agree to their presence.

- • **Noise Level:** Both the clinicians and clients rooms should be free of noises that could distract from the clinical sessions. This includes but is not limited to door bells, televisions, radios, children, animals, and other conversations.
- • **Physical Environment:** The physical environment of the room (i.e. seating, lighting, and ambiance) should allow for the maximum comfort of the clinician and client. To maximize clarity and visibility, the provider and client's cameras should be placed at the same elevation as the eyes.
- • **Visual Distractions:** The clinician's background should be free of visual clutter.
- • **Eye Contact:** Maintaining good eye contact during telemental health sessions is imperative. Both Client & Clinicians should avoid doing other work, looking at other computer screens or engaging in any activity that prevents them from maintaining good eye contact with the client.

**ACKNOWLEDGMENT:**

I hereby acknowledge that I have reviewed with my therapist the "Telehealth (telephonic & video) therapy guidelines for the counseling practice of, Earnest Ford, MC, LPC. By signing below, I acknowledge understanding of Consent To Treat, Telephonic & Video Guidelines and HIPAA confidentiality, protected health information, duty to warn and safety planning, and any exceptions to confidentiality such as mandated reporting. I also agree that any questions that I asked regarding the above were answered to my satisfaction. Please note, during this discussion or subsequent sessions, if self-harm or threats toward others are presented, mentioned, etc, I will be afforded the opportunity to discuss and sign a "no harm contract." My cooperation is expected in this matter.

My printed and signed name below indicates my acknowledgement and agreement to abide by the Telehealth (telephonic & video) guidelines.

**CLIENT:**

Print Name: x \_\_\_\_\_

Sign Name: \_x \_\_\_\_\_ Date Reviewed \_x \_\_\_\_\_

**OTHER PARTIES PRESENT**

Relationship to above client:

Print Name: x \_\_\_\_\_

Sign Name: \_x \_\_\_\_\_ Date Reviewed \_x \_\_\_\_\_

**Therapist**

Print Name: x \_\_\_\_\_ Earnest Ford, LPC

Sign Name: \_x \_\_\_\_\_ *Earnest J. Ford*, LPC Date: \_\_\_\_\_