

**Victoria Leigh Parenti, MA, LPC, NCC**  
**Victoria Leigh, LLC**  
**4612 South Carrollton Ave.**  
**New Orleans, LA 70119**  
**victorialeighllc@gmail.com**  
**(504) 256-1454**

**Teletherapy Informed Consent**  
**Addendum**

**What is Teletherapy?**

Teletherapy, also referred to as tele-mental health, involves the use of electronic communications to enable physicians and other healthcare professionals, including mental healthcare professionals, to improve the access to quality and appropriate care. Teletherapy includes the practice of health-care delivery, evaluation diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Treatment Providers may include, but are not limited to, psychiatrists, psychologists, nurses, counselors, clinical social workers, and marriage and family therapists.

Teletherapy services with Victoria Parenti, MA, LPC, NCC, are available to Louisiana residents only. I provide teletherapy services for individual adults (18+), Families, and Children (12+). For additional information on the types of therapeutic services I provide please visit my website <http://www.victorialeighLLC.com>. Teletherapy services are also available for face-to-face clients on an as needed basis if deemed to be necessary and appropriate for treatment. At this time, teletherapy services are only being offered via videoconferencing and telephone sessions. Sessions will not be conducted through email or text messaging, although the client may choose to communicate with me through these electronic mediums in accordance with the Communication Consent Form provided in the Informed Consent.

**Risks and Benefits**

In addition to the risks and benefits outlined in the Informed Consent, Teletherapy has its own unique risks and benefits. Benefits include improved access to care for clients who are homebound, lack reliable transportation, or do not have providers near them. Teletherapy can be beneficial for those who are more comfortable communicating online rather than face to face. Teletherapy often offers more flexibility with scheduling. Risks include but are not limited to: unexpected technological failures during sessions; increased risks to privacy which creates an additional burden on the client to ensure that sessions are private and undisrupted; hacking. An important risk to consider is the lack of nonverbal communication (body signals) that are readily available to both therapist and client in face-to-face sessions. Without this information, teletherapy may be slower to progress or be less effective altogether. While research results for

individual therapy conducted online are certainly promising, there are presently no studies that have directly examined the effectiveness of family interventions in an online context compared to in-person treatment. Further research on the online delivery of couple and family therapy is necessary to establish the effectiveness of online service delivery. Because of these risks, close attention must be paid to client progress and periodic on-going evaluations must be conducted to ensure the effectiveness of this form of therapy. Should I determine that teletherapy is no longer appropriate, the client will be referred for an in-office treatment with me or will be referred out to an in-person therapist near them.

### **Therapy Notes Platform**

In order to provide efficient services to clients and ensure patient confidentiality, I employ the assistance of an electronic record keeping service called TherapyNotes ([www.therapynotes.com](http://www.therapynotes.com)). TherapyNotes assists with scheduling, secure messaging, record keeping, and billing. In addition, I also utilize the Therapy Notes platform for encrypted/HIPAA-compliant video conferencing with clients. Electronic systems used through these platforms will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

### **Technological Failures**

Should a video or telephone session experience a disruption/technological failure the therapist will re-establish the connection (place a new video or telephone call) unless other arrangements between client and therapist are agreed upon. If videoconferencing is temporarily unavailable the session will resume via telephone (in accordance with the client's consent for communication form.) If after 15 minutes a connection cannot be re-established or the session resumed on the phone, then the session will be rescheduled. If the technological failure occurs on the therapist's end, the client will not be charged for the appointment; if the failure occurs on the client's end, they are still subject to a cancellation fee.

### **Minors and Teletherapy**

Teletherapy is not recommended for children under the age of 12 given that the services are often interactive and play based. However, children can vary in levels of emotional development and maturity, therefore appropriateness can be evaluated for children in the 10-13 age range. For any minor participating the parent must provide proof of the child's identity (ex. school id with photo, passport, other parent verbally confirming child identity) as well as their own. If there are custody orders in place, a copy of the divorce decree must be provided so that parent's right to consent for treatment can be verified. An additional consent for the treatment of a minor must be on file for services to be rendered.

### **Emergencies**

Emergency procedures laid out in the Informed Consent form apply. Given that therapy is not being conducted face to face, I do require all teletherapy clients have an emergency contact on file (additional release will be provided).

### **Best Practices**

In an effort to create an environment that is as close to a face-to-face experience as possible, the following guidelines are strongly recommended: A. Ensure that your location is private and secure. Try to conduct your session in a room that allows you to separate yourself from distractions and any non-participants in the home who might overhear. Make arrangements for childcare if necessary. B. If the session is being conducted through video chat: a. Make sure there is sufficient lighting. Dark and solid colored clothing works best and lowers risk of interference with video image. Avoid large pieces of jewelry that reflect light. Take off hats and sunglasses that limit the view of your face. b. Only use a WiFi network that is secure via password protection. c. Position yourself and camera so that you are visible from at least the waist up. If there are multiple participants make sure everyone is in view.

### **By signing this form, I understand the following:**

I am consenting to teletherapy for myself and/or my minor child with Victoria Leigh Parenti, MA, LPC, NCC.

I understand that if I am experiencing an emergency, I will follow the following procedures laid out in the Informed Consent Form.

I understand that I am responsible for (a) providing the necessary computer, telecommunications equipment and internet access for my online counseling/teletherapy sessions, (b) abiding by the best practices described in this addendum.

I understand that by signing this agreement, I am not waiving any existing protections for confidentiality, privacy, or other consumer protections as defined in the Informed Consent Form.

I have all the same rights as clients receiving face-to-face therapy. I understand that my insurance may not cover teletherapy.

I understand that should services not be covered or Victoria Leigh Parenti, MA, LPC, NCC, not be in-network with my insurance, that I have the right to request an Out-Of-Network Statement that I can submit to my insurance company to potentially be reimbursed for expenses.

I understand that teletherapy services and care may not be as complete as face-to-face services.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to teletherapy.

I understand that the information disclosed by me during the course of my treatment is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality as outlined in the main informed consent form.

I also understand that the dissemination of any personally identifiable images or information from the teletherapy interaction to researchers or other entities shall not occur without my consent.

I understand that I have the right to withhold or withdraw my consent to the use of teletherapy during my care at any time, without affecting my right to future care or treatment.

I understand that I have the right to inspect all information obtained and recorded during a telemedicine interaction and may receive copies of this information for a reasonable fee.

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**Client Signature**

**Date**

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**Victoria Leigh Parenti, MA, LPC, NCC**

**Date**

*Parent/Guardian Consent for Treatment of a Minor:*

I, (name of parent or legal guardian) \_\_\_\_\_, give my permission for Victoria Leigh Parenti, MA, LPC, NCC, to conduct therapy with my (relationship)\_\_\_\_\_, (name of minor) \_\_\_\_\_.

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**Client Signature**

**Date**

*(If under the age of 18, parent or guardian signature)*