



Telehealth Terms of Service

Benefits and Limitations of Telehealth Counseling

Telehealth counseling has the advantage of eradicating travel time and incurring travel expenses such as fuel costs. It also offers the advantage of having a session behind a closed door while on lunch break at work, or while travelling for business or leisure, if the client is still in the state of Iowa. Those who reside in rural areas can access therapy without necessitating travel. Disabled clients can readily access therapy without concern over accommodations and the additional time it takes to travel to/from appointments, find handicap parking, etc.

Telehealth Counseling has some limitations. When a session is conducted in person, the therapist can read demeanor, body language, and look for other non-verbal cues that assist the therapist in diagnosis and treatment. In Telehealth Counseling, therapists lose the ability to read all those clues properly which can result in possible miscommunication. Another limitation is that leaving one's home for an appointment serves an important function in getting homebound, or otherwise isolated clients out of their house and interacting with others.

For those expecting insurance coverage for their online session, at this time LFS can only contract for Telehealth Counseling with very few, and very select insurance plans. Many plans are not reimbursing for Telehealth Counseling, in which case it is up to the client to get approval in writing or submit claims on their own. Different insurance companies have different terms for Telehealth Counseling, you may try: Online Counseling, Telemental Counseling, Telebehavioral Health or Virtual Visits when speaking with your benefits spokesperson.

Payment Policies

Our policy is to require all the paperwork and payment information be received back in our office prior to your appointment. **Failure to return the required paperwork, and with all appropriate signatures will result in a change of appointment.** You may choose to return the paperwork via the USPS or by scanning and emailing your paperwork.

You agree to promptly pay all fees and charges for Therapist Services, and you authorize us to automatically deduct all applicable charges and fees from the payment account(s) you designate here:

Name on card _____

Account # _____

Good thru date _____ 3-digit code on back of card _____

You understand and agree that you will be responsible for a missed appointment fee of \$50 if you do not cancel a scheduled appointment at least one business day in advance.

You agree to be responsible for any mobile/telephone charges and/or Internet service fees you incur through the Telehealth Counseling sessions.

If your policy provides mental health coverage, you may be entitled to insurance reimbursement for your session. You can discuss this with your insurance company by contacting them directly. LFS offers no guarantee that you shall receive any such reimbursement.

Regardless of insurance reimbursement, payment to LFS on behalf of your Therapist, for co-payments, deductibles, and co-insurance amounts for services, is required at the time of each appointment. If you do not have insurance coverage for Telehealth Counseling, or if your coverage is denied, you acknowledge and agree that you shall be personally responsible for all incurred expenses at the agreed upon amount.

Finally, to access services, you must provide us with a current, valid email address so that we may contact you with a link to access services through Doxy.Me. You agree to keep your email address updated.

Other facts for consideration:

Before Telehealth Counseling will commence, LFS will conduct a short screening with the client to determine appropriateness for Telehealth Counseling. This 'session' will not be charged to the client and will last ten minutes. During this time LFS will ensure the client can appropriately navigate the technology required to engage in Telehealth Counseling, as well as ensure the client's internet or wireless plan can support the bandwidth necessary to have a clear, and audible session. If, after this session the therapist determines the client is not suitable for Telehealth Counseling appropriate referrals will be made to the client. [redacted] ←Initial here to indicate you have read and agree to previous paragraph.

At any point during the sessions if the therapist determines the client is a candidate for additional services, psychiatric services, including inpatient or emergency services, or is more suited to in-person services, the LFS therapist will make appropriate referrals to the client. [redacted] ←Initial here to indicate you have read and agree to previous paragraph.

Client agrees to wear headphones with a built-in microphone to conduct their session. Client also agrees that to protect their privacy and the confidentiality of their session with the therapist, that they will only participate in their Telehealth Counseling session in a room with a closed door, and in which no one else is present. The therapist has the right to end the session if the client appears to be conducting their session from a restaurant, open space, work cubicle, etc. The client will be warned, and the session will be rescheduled. [redacted] ←Initial here to indicate you have read and agree to previous paragraph.

If there are internet problems, sound problems, or the therapist or client is not properly visible or heard, the session will be ended and rescheduled. If this occurs less than 20 minutes into the session, the client will not be charged. If the session lasts anywhere from 30 minutes on, the therapist may elect to pro-rate the session, depending on circumstances and at the therapist's discretion. If this becomes an ongoing issue, the therapist may elect to cease Telehealth Counseling and give the client appropriate referrals. [redacted] ←Initial here to indicate you have read and agree to previous paragraph.

Your therapist can only practice counseling in the state they are licensed in, in this case, Iowa, and you must be in Iowa at the time of the session. You cannot have a Telehealth Counseling session while you are on vacation or travelling for business in another state, nor could your therapist participate in the session if they are not in Iowa. [redacted] ←Initial here to indicate you have read and agree to previous paragraph.

I have read fully, understand and agree to abide by the above LFS policies and guidelines. I also understand that I will be provided with a copy of this document at my request.

Print Name of Client (please print legibly)

Client Signature

Date

Therapist Signature

Date