

Sherell Hebert, MA, LPC

7171 Hwy 6 N. Suite 105 Houston, TX 77095
Website: houstoncounselor.me

Phone: 832-356-8549 FAX: 281-254-7979
Email: sherell@houstoncounselor.me



Thank you for choosing me to help with your concerns. While we work together, I promise to walk with you every step of the way of your journey of understanding, exploration and growth. I will provide you with tools and techniques that will help you achieve the change you desire.

Please take a moment to read what is asked of you and what is required from you before we begin our work together. I look forward to working with you!



Sherell Hebert, MA, LPC

What is Asked of You:

- **A Completed Registration**

If you have not already done so, please register at therapydate.com.

- **A Completed Biography**

After you registered, you may have seen the prompt that asked if you wanted to complete the biography. Completing the biography is important because it provides me with information that helps me to help you. If you have not already completed it, please take a few moments to do so.

- **Informed Consent Form and Teletherapy Consent if applicable**

Please sign the consent form(s) that are included in this packet.

- **Identification**

Driver's License

Insurance Card (Only applicable if you are using your insurance)

Teletherapy Clients must submit these documents prior to the visit. Office clients may elect to submit before the visit or in the office at the time of the visit.

TELETHERAPY INFORMED CONSENT

Teletherapy is a means by which you can receive counseling or psychotherapy from an experienced psychotherapist. It is also a process of creating, over time, a trusting and collaborative relationship. In our collaboration, you retain the right to determine which topics we cover and the depth of consideration each receives. In other words, you are free to contribute or withhold any information you choose. We work at your pace. Though all interventions suggested are clinically based, you are not obligated to apply them.

While I hope that you will find our exchange useful in your efforts to improve your life, it is not possible to guarantee that; despite the ever growing positive feedback from Teletherapy clients. Teletherapy is relatively new, therefore it is considered experimental until its' efficacy has been validated scientifically over time.

The process of Teletherapy itself utilizes electronic transmissions to treat the needs of a client through video and/or audio communication. Therefore the practice of healthcare delivery, diagnosis, consultation, treatment, transfer of medical data, and education is conducted via interactive audio, video or data communications.

The risks involved with Teletherapy include the potential release of private information due to the complexities and abnormalities involved with the internet. Viruses, Trojans and other other involuntary intrusions have the ability to grab and release information you may desire to keep private. Furthermore, there is the risk of being overheard by anyone in your environment if you do not place yourself in a private area. The advantages of Teletherapy include the benefit of continuity of care in the absence of your therapist as well as the ability to be treated from any location in Texas at any time. It is YOUR responsibility to create a an environment on your end of the Teletherapy transmission that is not subject to unexpected or unauthorized intrusion of your personal information. It is MY responsibility to do the same.

1. I am licensed in the states of Texas and Louisiana. I can only provide Teletherapy to individuals who are in Texas or Louisiana at the time services are rendered.

2. Unless we explicitly agree, our Teletherapy sessions are confidential. Any information you disclose to me is held in the strictest confidence. Just as with my face-to-face clients, I will not release your information to anyone without your prior approval, or unless I am required to do so by law. If there is a risk of eminent danger to anyone, I have an ethical obligation to take necessary steps to prevent such danger. I am bound by law to report suspicion or evidence of abuse involving children, the elderly or individuals with disabilities.

3. Helping you build the life you want is what our exchange is all about. We should not continue any process that is counter-productive with respect to that. Either of us is free to terminate our relationship at any time and for any reason. In the unlikely event that I become convinced that Teletherapy is not in your best interests, I will explain this to you and suggest alternative that are better suited for your needs.

4. While Teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. Teletherapy is not a universal substitute, nor is it the same as face-to face psychotherapy treatment. It is also important to understand that Teltherapy does not provide emergency services. If you are

Sherell Hebert, MA, LPC

7171 Hwy 6 N. Suite 105 Houston, TX 77095
Website: houstoncounselor.me

Phone: 832-356-8549 FAX: 281-254-7979
Email: sherell@houstoncounselor.me

experiencing an emergency situation, you should exercise one or more of the following options: call 911, proceed to the nearest hospital emergency room for help, contact your psychiatrist. If you are having suicidal thoughts, contact the National Suicide Prevention Line at: 1-800-273-8255.

5. You are responsible for information security on your computer. If you decide to keep copies of our emails or other communication on your computer, it is up to you to keep that information secure. I can not guarantee the security of emails as they travel between our computers, but VSee is encrypted and confidential. All messages exchanged between you and I in the client portal are also HIPPA compliant. If you choose to send emails to me from your personal email, you may want to consider encrypting them.

6. Teletherapy sessions are conducted via VSee, a HIPAA-Compliant Videoconferencing platform. VSee provides encryption, and protects patient data, which is why it is chosen over Skype or other alternatives. You can download VSee at <https://vsee.com>. If for some reason we are disconnected and can not be reconnected, I will call you by phone at the number you have provided. We will discuss how/when to proceed.

Services and Fees

Each session is 50 minutes. The fee is \$125 per session. Payments are made prior to or at the beginning of each sessions. If you schedule a session but are unable to attend, please cancel within 24 hours. If you fail to give notice 24 hours prior to your session, your credit card will be billed for the missed appointment at the end of the business day.

Insurance

Your insurance company may cover or reimburse the cost of the session. If it has been determined that your insurance will pay for this service, you will only be billed for the co-payment and/or co-insurance. If for some reason your insurance does not pay, you are responsible for the payment at the contracted rate. It is required that a credit card be kept on file.

It is up to you to decide whether or not you want to use your insurance. All providers requesting payment from insurance companies must submit the following personal information on each insurance claim: your identifying information (name, date of birth, address and insurance id), diagnosis and dates of service. Your insurance company also has a right to request treatment plans and progress notes.

A copy of this packet can be found at houstoncounselor.me/1 .

By signing this form, you agree to have read, understand and agree to the information presented above.

Client/Parent Signature

Date

Therapist Signature

Date