

STUDENT ACCESSIBILITY SERVICES PRACTICES AND PROCEDURES

Southeastern Louisiana University
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Confidentiality: Material revealed in sessions will remain strictly confidential except for material shared under the following circumstances, in accordance with Louisiana state law:

- 1) There is reasonable suspicion of abuse or neglect against a minor, elderly person (60 years of age or older), or a dependent adult,
- 2) The client expresses intent to harm oneself or someone else,
- 3) A court order is received directing the disclosure of information, and/or,
- 4) The client signs a written release of information indicating informed consent of such release.

Privileged Communication: Student Accessibility Services claims the right to privileged communication with their students unless an emergency arises which requires disclosure by state law. We will endeavor to inform students if a necessary disclosure of information will happen. In the event that a student brings a partner, spouse, family member, or others into sessions, the student hereby agrees that material obtained individually may be shared with others brought into session by the student. Any material obtained from a minor student may be shared with client's parent or guardian. If we see the client outside of the Student Accessibility Services environment, we may not acknowledge your presence so as to respect your privacy.

Emergency Situations:

DURING UNIVERSITY HOURS

If an emergency occurs during regular work hours, students are encouraged to come to the University Counseling Center (UCC) here on Southeastern's campus immediately (Student Union Annex) to see a counselor or call 985-549-3894. When you arrive at the UCC, please inform the front office staff that it is an emergency.

AFTER UNIVERSITY HOURS

The University Counseling Center here at Southeastern provides emergency on-call services. Emergency care after hours can be obtained by calling the University Police Department at 985-549-2222. The on-call counselor will be notified by the University Police Department. Students who are off-campus may be required to come to campus in order to receive services. If necessary, the University Counseling Center may serve as a referral agent to off-campus agencies including hospitals, facilities, or private practitioners that are deemed most appropriate.

You may also seek assistance through hospital emergency room facilities or by calling 911 in an emergency situation where immediate response is necessary. Crisis and emergency situations cannot be communicated to Student Accessibility Services through email.

Telehealth: As a student receiving services through telehealth technologies, you, the undersigned student, understand that:

1.) Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video, and/or other electronic communications) between a practitioner and a client who are not in the same physical location, and

2.) The interactive technologies used in telebehavioral health incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Software Security Protocols: Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and we will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

Benefits and Limitations: This service is provided by technology (including but not limited to video, phone, text, apps, and email) and may not involve direct face-to-face communication. There are benefits and limitations to this service. Regardless of the sophistication of today's technology, some information the practitioner would typically get in an in-person appointment may not be available in a telehealth appointment. Such missing information could in some situations make it more difficult for the practitioner to understand symptoms and help clients create progress. The practitioner will not be able to physically come in contact with students or render any in-person emergency assistance if the student experiences a crisis.

Limitations of Confidentiality: Under the law, and regardless of what form of communication used in working with the practitioner, the practitioner may be required to report to law enforcement, emergency response personnel, or other legal governing bodies information suggesting that the student has engaged or plan to engage in behaviors that endanger themselves or others.

Risks: Telebehavioral health is a new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized. Among the risks that are presently recognized is the possibility that the technology will fail before or during the appointment, that the transmitted information in any form will be unclear or inadequate for proper use in the appointment(s), and that the information will be intercepted by an unauthorized person(s). In rare instances, security protocols could fail, causing a breach of privacy of personal health information. The student understands that the consulting practitioner may request to see my surroundings at the time of/during the appointment.

Technology Requirements: As a student receiving telehealth services, the student understands that they will need access to, and have familiarity with, the appropriate technology in order to participate in the service provided, including but not necessarily limited to a webcam and microphone with audio and visual capabilities.

Disruption of Service: Should service be disrupted; the practitioner will attempt to contact the student via telephone call. For other communication, the practitioner may follow-up via your official Southeastern email address.

Local Practitioners: If a need for direct, in-person services arises, it is the student's responsibility to contact practitioners in their area such as local emergency response personnel or to contact the student's behavioral practitioner's office for an in-person appointment, or their primary care physician if their behavioral practitioner is unavailable. The student understands that an opening may not be immediately available in either office.

Client Communication: It is the student's responsibility to maintain privacy on their end of communication.

Records/Storage: Consultations, communications, test results, and disclosures will be held in confidence subject to state and/or federal law. The student understands they are ordinarily guaranteed access to our records and that copies of records of appointments are available to them at their written request. Further, the student understands that if the practitioner, in the exercise of professional discretion, concludes that providing their records to them could threaten the safety of a human being, themselves or another person, we will rightfully decline to provide them. If such a request is made and honored, the student understands that they retain sole responsibility for the confidentiality of records released to them. The student understands that they are not authorized to record sessions with me without my written consent.

Exchange/Transmission of Information: Any paperwork exchanged will likely be provided through electronic means or delivered to our office in-person by the student. During the telebehavioral appointment, details of the student's medical history and personal health information may be discussed with the student and/or other behavioral health care professionals through the use of interactive video, audio, and/or other telecommunications technology.

Equipment: The student represents that they are using their own equipment to communicate and not equipment owned by another, and specifically not using their employer's computer or network. The student is aware that any information they enter into an employer's computer can be considered by the courts to belong to their employer and student's privacy may thus be compromised.

Identification: The student understands that they will be informed of the identities of all parties present during the appointment or who have access to their personal health information and of the purpose for such individuals to have such access.

Telebehavioral Health Process: We have explained how the telebehavioral health appointment is performed and how it will be used for the student's service and how the appointment(s) will differ from in-person services, including but not limited to emotional reactions that may be generated by the technology.

Additional Services: The student understands that it is their duty and responsibility to inform their practitioner of electronic interactions regarding the care that they may have with other health care providers.

Electronic Presence: In brief, the student understands that the practitioner will not be physically in their presence. Instead, we will see and hear each other electronically, or that other information such as information the student enters into an app/software will be transmitted electronically to and from the student and the practitioner.

Declining Telebehavioral Health Services: The student understands that they may decline any telebehavioral health services, to the degree that in-person sessions are possible at that time, without jeopardizing access to future care, services, or benefits. The student understands that they do not have to answer any question that they feel is inappropriate or whose answer they do not wish persons present to hear.

Alternatives: The alternatives to telehealth appointments have been explained to the student, including their risks and benefits, as well as the risks and benefits of going without services. The student understands that they can still pursue in-person appointments. The student understands that the telebehavioral health appointment(s) does not necessarily eliminate their need to see a specialist in person, and that they have received no guarantee as to the telebehavioral appointment's effectiveness.

Release of Liability: The student unconditionally releases and discharges Kimberly F. Bergeron, M.Ed., NCC, LPC-S and/or Samantha E. Ricau, M.S., NCC, LPC from any liability in connection with my participation in the appointment(s).

Emergency Contact Information:

Name _____ Phone Number _____

Name _____ Phone Number _____

Location/Address (where student will be physically present during online telehealth sessions):

Agreement and Consent: The student certifies that they read this document carefully and fully understand the benefits and risks. They have had the opportunity to ask any questions and they have received satisfactory answers. With this knowledge, they voluntarily consent to participate in Telehealth sessions.

I have read and understand this Practices and Procedures document and my signature below indicates my full informed consent to services provided by Student Accessibility Services staff.

Signatures (Where Applicable)

Southeastern Louisiana University Student Signature Date

Southeastern Louisiana University Practicum/Internship Student Signature Date

Kimberly F. Bergeron, M.Ed., NCC, LPC-S Date
Director, Student Accessibility Services

Samantha E. Ricau, M.S., NCC, LPC Date
Assistant Director, Student Accessibility Services

Parent/Guardian Consent for a Minor (age 17 and younger):

I, _____, give permission for Kimberly F. Bergeron, M.Ed., NCC, LPC-S and/or Samantha E. Ricau, M.S., NCC, LPC, or the above listed Internship/Practicum student to conduct sessions with my

(relationship) _____, (name of minor) _____.

Signature of Parent or Legal Guardian Date

Signature of Minor Client Date
