

Teletherapy Consent

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1. Video-Based Teletherapy Sessions

- I am a Licensed Professional Counselor (LPC) #3535 and Teletherapy is governed by the LPC Board of Examiners, 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, Louisiana; 225.295.8444.
- Teletherapy is offered to Louisiana residents through a secure, confidential connection that can be accessed from a smart device or computer. According to State Law, Teletherapy shall only be provided when the identified client is physically located within the State of Louisiana. Should you travel outside of the state, please be aware that we may not be able to have a session until you return to Louisiana. Feel free to call me by phone should a situation arise that warrants discussion.
- Teletherapy sessions are provided through Doxy.me by connecting to an online waiting room a few minutes prior to your appointment at “<https://doxy.me/waltercamoslpc>.” You should not share this link with anyone.
- I will require your email address and cell number to be able to contact you and forward any necessary forms to you for signature, prior to your first session.
- You may attempt to log on prior to the session to see how things work and then log out. For your appointment time, please enter my waiting room online, and then at your appointment time, I will click on your icon and initiate session with you.
- To participate in your teletherapy session, you will be required to have access to a computer or smart device with high-speed internet access and your cellphone. The entire session will be through real-time audio and video. In the event that there is a video problem, via cell we will be able to phone one another and discuss a remedy or alternate plan.

2. Safety, Risks, and Limits of Confidentiality

- Sessions may not be conducted under any circumstances while you are operating a moving vehicle or other machinery, and you will be required to provide your physical location and phone number at the start of each session.
- Please select a secure, private place for your teletherapy session, where you can feel free to talk openly and not be overheard or interrupted.
- Should someone come into your space during session, please give them a big hello and I will stop talking to maintain your privacy. Should you want to end session at that time, simply let me know that you will be signing off and I will maintain your confidential exit strategy. The cost of the session will not be reduced, should you initiate termination. Should you wish to continue, after giving the person time to exit, I will wait, up till the end of your scheduled appointment time.
- Between sessions, should you have concerns or questions, you can contact me via phone or by e-mail (see above).
- Although teletherapy as outlined herein is HIPAA compliant there may be limits to confidentiality, for example, should there be a breach in the internet system. I have no control over the internet but do strive to provide the highest quality experience using approved HIPAA processes.
- Should there become a need for me to consult with or coordinate continued care for you, with another professional, healthcare provider, or agency, you hereby consent to this continuity of treatment.

3. Emergency Procedures Specific to Teletherapy Services

- Should you have suicidal or homicidal thoughts, should you experience serious mental health symptoms, or should you experience a crisis that we cannot solve remotely, it may be determined that teletherapy

may not be appropriate for you, and/or, in severe situations, help may be called in to your current location for your safety.

- I will require contact information for an emergency contact person (typically at the beginning of each session) who may be contacted on your behalf in an emergency, and you hereby provide said consent.
- I offer services during normal working hours. Should there be an emergency of any kind, or any thoughts of hurting self or others, you hereby agree to call 911 or go to the nearest emergency room. Whether after hours or not, you may also contact a hotline for assistance at 1.800.273.8255 or go to their website at, “<https://suicidepreventionlifeline.org/> .”

4. Referrals and Termination of Services

- You have the right to discontinue or refuse treatment at any time by notifying me. In the event therapy is terminated, referrals can be provided at that time, in order to provide continuity of care.

5. General Information

- Progress notes and other health records are kept in secure paper files and/or on an online electronic health record system, Therapynotes.com, all in compliance with HIPAA practices. Please feel free to review my Declaration of Practice.
- My standard rates apply for all Teletherapy sessions as with other forms of treatment provided. Payment is due at time of service and you hereby agree that any third-party payors acting on your behalf, shall make payments to me following standard professional practices. Again, please feel free to review my Declaration of Practice.

6. Consent to Teletherapy Treatment

I _____, DOB _____

I _____, DOB _____

I _____, DOB _____

have reviewed and understand the above consent and your Declaration of Practice, and agree to willingly enter into a therapeutic relationship or present for evaluation, via Teletherapy with Walter Camos, MS, LPC. I will not record any session via audio or video for any reason. I also agree to pay all charges in full. If, at any time, I change my mind about the treatment received herein, I understand that I may terminate as outlined.

I understand there are potential risks to this Teletherapy technology, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the teletherapy session, if it is felt that the videoconferencing connections are not adequate for the situation. Should a disruption occur during a session, I agree to immediately phone Walter Camos, MS, LPC, at 337-322-3779. I agree that all of my questions have been answered and feel that the benefits of Teletherapy for me outweigh the risks; therefore, I do want to proceed. I understand that through Teletherapy, talk therapy is conducted, and that anything that I change in my life should be cleared through and in consultation with my own physician. By signing this form, I agree that I have read or had this form read and explained to me, along with your Declaration of Practice. I fully understand its contents including the risks and benefits of utilizing Teletherapy. I consent to Teletherapy treatment with Walter Camos, MS, LPC.

Client Signature: _____ Date: _____

_____ Date: _____

_____ Date: _____

(If Client is a minor)

Parent or Legal Guardian: _____ Date: _____

Relationship: _____

Walter Camos, MS, LPC: _____

Licensed Professional Counselor #3535