



SHANNON E. SMITH, LPC

Counseling, Consultation & Training

Teletherapy Supplement to Declaration of Practices and Procedures

Shannon E. Smith, M.A., LPC, NCC
3535 South Sherwood Forest Blvd. Suite 227
Baton Rouge, LA 70816
(225) 230-9100

Scheduling and Structure of Teletherapy: I have been approved by the Louisiana LPC Board to provide teletherapy (distance counseling). Teletherapy sessions may be provided by video conference as appropriate to client's need, level of functioning, and availability. The preferred method of counseling will be in-person, and teletherapy will be viewed as an adjunct or back-up method of counseling. Sessions are 45-50 minutes long and must be scheduled by appointment. Appointment times outside of my normal office hours must be approved by me prior to scheduling.

I utilize Telehealth by SimplePractice for video conferencing. This is a HIPAA-secure platform and may be accessed by computer, tablet, or phone. You will receive an invitation with instructions for connecting prior to your session. I recommend that you test your camera, microphone, and speakers before the teletherapy session. I use VSee Clinic and doxy.me as back-up platforms. Both are HIPPA-secure, and you will be provided with information to connecting to both as needed.

Risks of Teletherapy: Teletherapy is an alternative to face-to-face counseling with certain limitations. By signing this document, you agree that you understand that teletherapy:

- May lack visual and/or audio cues, which may cause misunderstanding.
- May have disruptions in the service and quality of the technology used.
- May not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.

Whenever there is communication that lacks visual or audio cues, there is a risk of misunderstanding. When this happens, it is important that you assume that I continue to have positive regard for you. This will reduce any unnecessary hardship.

I must be able verify your identity and location at the onset of every teletherapy session. This will ensure that another person who might have access to your device cannot pose as you. Teletherapy may only be provided when you are located in the state of Louisiana.

When using technology for communication, there is a risk that it may be forwarded, intercepted, circulation, stored, or even changed. The security of the devices used may also be compromised. While I make reasonable efforts to protect the privacy and security of all electronic communication with you, it may not be possible to completely secure the information. You are encouraged to use passcodes, screen locks, and virus protection software on devices used in teletherapy for your own security and privacy.

Privacy and Limits of Confidentiality: I will ensure that our sessions are private and cannot be overheard on my end of the video. You are encouraged to find a private location within your home or other location used where you will be uninterrupted and where our session will not be overheard. You may not record our sessions.

With the use of technology, it is important to be aware that family, friends, co-workers, employers, and unapproved users may have access to any technology, devices, or applications that you use. Please utilize computers or other devices that you know are safe. You are responsible for reviewing the privacy settings and user agreements of any applications or technology that you use. Please address any questions or concerns that you may have regarding privacy and confidentiality.

Backup Plan in Case of Technology Failure: It is recommended that you always have a phone available as a backup in the case of videoconference failure. If at any time you do not have internet access at your home or another private location, you may contact me via phone to help you locate internet service (if available) that will be appropriate for teletherapy. If you are disconnected from the video conference, end and restart the session. If you are unable to reconnect within five (5) minutes, call me. If I do not hear from you within ten (10) minutes, you agree that I can call you on the phone number provided on your client intake form. You must indicate to me prior if there are changes to that phone number.

Fees and Billing Procedures: Payment is expected prior to time of service and may be remitted by phone. If you are using insurance, it will be necessary to verify coverage for teletherapy by your insurance policy prior to session. Please give 24-hours notice when canceling an appointment to avoid a late cancellation fee (up to a full session fee).

Information and Record Keeping: Telehealth sessions will be documented in the same way that face-to-face sessions are documented, via HIPAA-secure electronic health record. All printed documentation of our services will be stored and maintained in my office.

Ethics and Code of Conduct: As an LPC approved to provide teletherapy, I am required by law to adhere to the Teletherapy Guidelines for Licensees adopted by my licensing board, in addition to the full Code of Conduct for practice.

Contact Between Sessions: Video conferencing will be by appointment only. All communication between sessions should be through telephone or email communication. These forms of communication may not be considered synchronous (in real time) and should not be used in the case of emergency.

Emergency Situations: If an emergency should occur outside of a session and after business hours, contact the National Suicide Prevention Lifeline (24-hours) at 1-800-237-8255 (TALK), or text "CONNECT" to 741741. You may also seek help through hospital emergency facilities or by calling 911. You are encouraged to know the location and directions to your nearest hospital emergency facility. Should an emergency occur during a teletherapy session, you grant me permission to contact both emergency response services and your emergency contact person as listed on client intake form.

Termination of Teletherapy: If you and/or I determine that teletherapy is not an appropriate method of counseling services for you, it may be discontinued. At that time, future sessions will be conducted in person until otherwise mutually determined.

I have read the Declaration of Practices and Procedures of Shannon E. Smith, M.A., LPC, NCC and my signature below indicates my full informed consent to teletherapy services provided by Shannon E. Smith, M.A., LPC, NCC.

Client Signature _____
Date

Shannon E. Smith, M.A., LPC, NCC _____
Date

Parent/Guardian Consent for Treatment of a Minor: (for minor clients only)

I, _____, give my permission for Shannon E. Smith, M.A.,
(Name of Parent/Guardian)
LPC, NCC to conduct therapy with my _____,
(Relationship) (Name of Minor)

Signature of Parent or Legal Guardian _____
Date