

# DECLARATION OF PRACTICES AND PROCEDURES

Freddie Amos, M. Ed, NCC, PLPC  
Live Original  
117 Kings Ln West Monroe, LA 71292  
214-505-0118

QUALIFICATIONS: I earned a Masters in Education in Clinical Mental Health Counseling from Auburn University in 2022. I am a Provisional Licensed Professional Counselor as an PLPC #9160 with the Louisiana State Board of Examiners, 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225)295-8444. I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs).

COUNSELING RELATIONSHIP: I see counseling as a process in which you the client, and I, the Counselor having come to understand and trust one another, work as a team to explore and define present problem stations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals.

AREAS OF FOCUS: I work with adolescents and families on the troubles of childhood and parenthood, marital difficulties, and any life difficulties that may lead to disturbances in family relationships.

FEES AND OFFICE PROCEDURES: The fee for services is \$55.00-\$150.00 per session and paid directly to me. Payment for services is due at the close of each session. Payment is not accepted from insurance companies. Appointments are typically set at the close of each session. I have appointments available Tuesday through Friday afternoon and evenings. Appointments may be scheduled, rescheduled or cancelled with me from 10:00am to 7:00pm Monday through Friday. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge of the intended service for the time reserved for you.

SERVICES OFFERED AND CLIENTS SERVED: Therapist provides individual therapy, couples, as well as family therapy using a multitude of different skills and techniques to better serve clients and their families. I approach counseling from an integrative approach using cognitive-behavioral perspective, dialectical behavioral therapy, and internal family systems. Patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions. I also explore family relationships with a focus through a trauma lens. I work with clients in a variety of formats, including individually, couples, and families. I see clients from the age of 10 and older and from all different backgrounds.

CODE OF CONDUCT: Code of Conduct: As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of the Code of Conduct is available to you upon

request. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners. Due to my PLPC license I have obtained a LPC-S for supervision.

CONFIDENTIALITY: Material revealed in counseling will remain strictly confidential except for material shared under the following circumstances, in accordance with State law:

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

In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

PRIVILEGED COMMUNICATION: It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

EMERGENCY SITUATIONS: You may call my cell phone (214-505-0118) at any time; however, if it falls after 7pm and before 10am I will not answer. If it is an emergency please leave me a message stating it is an emergency and I will get back to you as soon as possible. If it is not an emergency I will return your call on the next business day. I encourage you to call your local hospital emergency facilities or 911 first if you are unable to keep yourself, your child, or other person safe from harm.

CLIENT RESPONSIBILITIES: You, the client, are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If I determine that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

PHYSICAL HEALTH: Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. Also, please provide me with a list of any medications that you are currently taking.

POTENTIAL COUNSELING RISK: The client should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, you should feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Freddie Amos, M.Ed, NCC, PLPC , and my signature below indicates my full informed consent to services provided by Freddie Amos, M.Ed, NCC, PLPC.

---

Client Signature

Date

---

Freddie Amos, M.Ed, NCC, PLPC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, \_\_\_\_\_, give my permission for Freddie Amos, M.Ed, NCC, PLPC,

(Name of parent or legal guardian)

LPC-S to conduct therapy with my \_\_\_\_\_, \_\_\_\_\_.  
(Relationship) (Name of minor)

---

Signature of Parent or Legal Guardian

Date

Freddie Amos, M. Ed, NCC, PLPC #9160  
Live Original  
117 Kings Ln West Monroe, LA 71292  
214-505-0118

## **Teletherapy Declaration and Informed Consent**

### **TO CLIENTS**

Licensed mental health professionals are required by their licensing boards to provide you, the

client, with certain basic information. You have already received and signed the basic Declaration of Practices and Procedures from Freddie Amos, M. Ed, NCC, PLPC. This Teletherapy Policy & Procedure document describes certain important aspects of therapy unique to Teletherapy. I am providing you this information for your review and agreement. Please read it carefully and discuss any questions you have before signing below. By signing this form, you are not making a commitment to continue teletherapy therapy as a permanent modality, but you will continue to have that option should you and Freddie Amos, M. Ed, NCC, PLPC both agree that it is in your best interest.

### **QUALIFICATIONS OF CLINICIAN**

I have completed the required minimum 3 hours of telehealth care training in addition to my professional qualifications as a clinician. This training covered the Law and Ethics and Clinical Skills specifically related to telehealth care. I will continue to receive at least three hours of continuing education in the area of telemental health every two years. All teletherapy sessions will be conducted through simple practice which is encrypted to the federal standard.

### **Scheduling and Structure of Teletherapy**

Counseling sessions will be scheduled in 45-50 minute increments, unless you and Freddie Amos, M. Ed, NCC, PLPC agree on a different time schedule. The next session will be scheduled at the end of the current session, unless otherwise agreed upon. The structure of sessions will be dependent on the treatment plan and interventions being used.

### **Ethical and Legal Rights Related to Teletherapy**

Freddie Amos, M. Ed, NCC, PLPC will not be conducting Teletherapy in any other state than Louisiana unless she specifically seeks and obtains licensure in the other state. It is important for you, as a client, to realize if you should relocate to another state, Freddie Amos, M. Ed, NCC, PLPC ability to continue to conduct teletherapy would be dependent on her decision whether or not to seek licensure in the state to which you are relocated.

### **RESPONSIBILITIES OF THE CLIENT**

All clients should:

- Be appropriately dressed during sessions.
- Avoid using alcohol, drugs, or other mind-altering substances prior to session.
- Be located in a safe and private area appropriate for a teletherapy sessions.
- Make every attempt to be in a location with stable internet capability.

Clients should NOT:

- Record sessions unless first obtaining Freddie Amos, M. Ed, NCC, PLPC permission.
- Have anyone else in the room unless you first discuss it with Freddie Amos, M. Ed, NCC, PLPC.

- Conduct other activities while in session (such as texting, driving, etc.).
  - \* If the client is a minor, a parent or guardian must be present at the location/building of the teletherapy session (unless otherwise agreed upon with the therapist).

### **POTENTIAL COUNSELING RISKS**

When using technology to communicate on any level, there are some important risk factors of which to be aware. It is possible that information might be intercepted, forwarded, stored, sent out, or even changed from its original state. It is also possible that the security of the device used may be compromised. Best practice efforts are made to protect the security and overall privacy of all electronic communications with you. However, complete security of this information is not possible. Using methods of electronic communication with us outside of our recommendations creates a reasonable possibility that a third party may be able to intercept that communication. It is your responsibility to review the privacy sections and agreement forms of any application and technology you use. Please remember that depending on the device being used, others within your circle (i.e. family, friends, employers, & co-workers) and those not in your circle (i.e. criminals, scam artists) may have access to your device. Reviewing the privacy sections for your devices is essential. Please contact me with any questions that you may have on privacy measures.

### **POTENTIAL LIMITATIONS OF TELETHERAPY**

Teletherapy is an alternate form of counseling and should not be viewed as a substitution for taking medication that has previously been prescribed by a medical doctor. It has possible benefits and limitations. By signing this document, you agree that you understand that:

- Teletherapy may not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts.
- Misunderstandings may occur due to a lack of visual and/or audio cues.
- Disruptions in the service and quality of the technology used may occur.
- While I do not file insurance claims, I can make an invoice available to you to file with your insurance company. Please check with them ahead of time to be sure your policy covers telemental health counseling.

### **EMERGENCY SITUATIONS**

The following items are important and necessary for your safety. The clinician will need this information in order to get you help in the case of an emergency. By signing this consent to treatment form you are acknowledging that you have read, understand, and agree to the following:

- The client will inform Freddie Amos, M. Ed, NCC, PLPC of the physical location where he/she is, and will utilize consistently while participating in sessions and will

inform Freddie Amos, M. Ed, NCC, PLPC if this location changes.

- In the first teletherapy session, you will provide the name of a person Freddie Amos, M. Ed, NCC, PLPC is allowed to contact in the case she believes you are at risk. You will be asked to sign a release of information for this contact.
- In the first teletherapy session, you will provide information about the make, model, color, and tag number of your automobile.
- In each session the you will provide information about the nearest emergency room or emergency services (such as fire station, police station, if there is not an emergency room nearby.)
- Depending on the assessment of risk and in the event of an emergency, you or Freddie Amos, M. Ed, NCC, PLPC may be required to verify that the emergency contact person is able and willing to go to the client’s location and, if that person deems necessary, call 911 and/or transport the client to a hospital. In addition to this, Freddie Amos, M. Ed, NCC, PLPC may assess, and therefore require that you, the client create a safe environment at your location during the entire time of treatment. If an assessment is made for the need of a “safe environment” a plan for this safe environment will be developed at the time of need and made clear by Freddie Amos, M. Ed, NCC, PLPC.
- In the case of a need to speak to me between sessions, please call, or text, and leave a message. I do not provide emergency services on a 24-hour basis. If your emergency is after hours, please contact your nearest emergency room. Typically contact between sessions is limited to arranging for appointments.
- If you are in need of the services of other professionals, I am happy to consult and coordinate with them. Clients should not routinely be meeting with more than one counselor, unless the two counselors have agreed to coordinate your care.

### **BACKUP PLAN IN CASE OF TECHNOLOGY FAILURE**

A phone is the most reliable backup option in case of technological failure. It is, therefore, highly recommended that you always have a phone at your disposal and that I know your phone number. If disconnection from a video conference occurs, end the session and I will attempt to restart the session. If reconnection does not occur within five minutes, call me at the contact number I have provided. If, within 5 minutes, I do not hear from you, you agree (unless otherwise requested) that I can call the provided phone number.

### **CONSENT TO TELETHERAPY TREATMENT**

I have read this Declaration of Telehealth Policies and Procedures and my signature below indicates my full informed consent to services provided by Freddie Amos, M. Ed, NCC, PLPC via teletherapy treatment.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Clinician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Authorization for Minors I, \_\_\_\_\_, give permission for \_\_\_\_\_ (clinician's name) to conduct counseling with my (relationship), \_\_\_\_\_, (name of minor) \_\_\_\_\_.

Options for recording your signature:

- You may sign this document while I am watching via video; or
- You may scan the signature page and send it via text to me; or
- You may snap a picture and send it via text to me;
- You may mail your signed document, sending it to me at the address at the top of this document.