

Camila Barreto, MA, MFT  
Licensed Marriage and Family Therapist  
MFC 90005 (California)  
TPMF 627 (Florida)

**Agreement and Informed Consent**

This document contains important information about my teletherapy services and policies. Please, read it carefully and note any questions you might have so we can discuss them during your first session. Once you sign this consent form, it will constitute an agreement between you and I, Camila Barreto, MA, MFT.

**Qualifications**

I earned an MA in Clinical Psychology with a specialty in Prenatal and Perinatal Psychology (PPN), an MA in International Development and BA in Psychology. I am Licensed Marriage and Family Therapist (LMFT) in the state of California and in the state of Florida, specializing in attachment difficulties, relational trauma, complex trauma, perinatal mood disturbances, depression and anxiety in childhood, conduct disorders, domestic violence and child abuse prevention and treatment. I utilize Attachment-based Psychotherapy, Cognitive-Behavioral Psychotherapy, Theraplay, Dyadic Developmental Psychotherapy, Gottman Couples Therapy and Sensorimotor Psychotherapy in my work with individuals, couples, families and children. I am a bicultural and bilingual therapist (English/Spanish).

**Nature of Services.**

The professional services I provide include therapeutic and parenting services on topics decided jointly with you. The purpose of these services is to develop awareness and implement strategies to help you reach identified goals related to personal satisfaction, parenting and relationship performance and mental health disorders. There are a variety of modalities and interventions that can be utilized to deal with the problems that brought you to seeking my services. My goal is to choose the approach that best fits you and the difficulties you are experiencing.

Teletherapy services are available to California residents only. I provide teletherapy services for individual adults (18+), Couples, Families, and Children (10+).

Teletherapy services are only being offered via videoconferencing utilizing Zoom Telehealth. Sessions will not be conducted through email, phone call or text messaging.

Teletherapy is not recommended for children under the age of 10 given that the services are often interactive and play based. However, children can vary in levels of emotional development and maturity. Appropriateness can be evaluated for children in the 9-13 age range. For any minor participating the parent must provide proof of the child's identity (ex. school id with photo, passport, other parent verbally confirming child identity) as well as their own. If there are custody orders in place, a copy of the divorce decree must be provided so that parent's right to consent for treatment can be verified. An additional consent for the treatment of a minor must be on file in order for services to be rendered.

### **Risks and Benefits of Therapy.**

Psychotherapy is a process in which the therapist and the client discuss myriad issues, events, experiences and memories for the purpose of creating positive change so you can experience your life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between client and therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress, depression and anxiety, a decrease in negative thoughts, impulsivity, and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which the therapist will challenge your perceptions and assumptions and offer different perspectives. The issues presented may result in unintended outcomes, including changes in personal relationships. Clients should be aware that any decision on the status of his/her personal relationships and roles is the responsibility of the client. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should address any concerns you

have regarding your progress in therapy to me.

In addition to the risks and benefits outlined above, teletherapy has its own unique risks and benefits. Benefits include improved access to care for clients who are homebound, lack reliable transportation, or do not have providers near them. Teletherapy can be beneficial for those who are more comfortable communicating online rather than face to face. Teletherapy often offers more flexibility with scheduling. Risks include but aren't limited to: unexpected technological failures during sessions, increased risks to privacy which creates an additional burden on the client to ensure that sessions are private and undisrupted; hacking. An important risk to consider is the lack of nonverbal communication (body signals) that are readily available to both therapist and client in face-to-face sessions. Without this information, teletherapy may be slower to progress or be less effective altogether. Because of these risks close attention must be paid to client progress and periodic on-going evaluations must be conducted to ensure the effectiveness of this form of therapy. Should I determine that teletherapy is no longer appropriate, the client will be referred out to an in person therapist near them. If found to be helpful I will provide information on how to use Zoom Telehealth and review best practices to ensure that sessions run smoothly.

### **Zoom Telehealth.**

In order to provide efficient services to clients and ensure patient confidentiality I employ the assistance of a telehealth video platform called Zoom Telehealth. Zoom assists with scheduling, secure messaging, videoconferencing, record keeping, instant chat and sharing of documents. Electronic systems used through Zoom will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. Zoom Telehealth is HIPAA and HITECH compliant. Zoom Telehealth works on PC and MAC computers as well as iPhone/iPad and Android phones and tablets.

### **Records and Record Keeping**

I might take notes during session and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. I will not alter normal record keeping process at the request of any client. Records are stored electronically and securely saved. They are time and date stamped. Should you request a copy of my records, such a request must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record

under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain your records for ten years following termination of therapy. However, after ten years, your records will be destroyed in a manner that preserves your confidentiality.

### **Verification of Client Identity.**

At the initial session the client will be required to provide proof of identity (TX Driver's License, Passport, etc.) After initial verification has been provided the client might be asked to verify their identity each session by answering a few security questions to verify his/her identity. In addition to verifying identity, clients will also be asked to identify their location at the time of the session.

### **Best Practices.**

In an effort to create an environment that is as close to a face-to-face experience as possible the following guidelines are strongly recommended: Ensure that your location is private and secure. Try to conduct your session in a room that allows you to separate yourself from distractions and any non-participants in the home who might overhear. Make arrangements for childcare if necessary. Make sure there is sufficient lighting. Dark and solid colored clothing works best and lowers risk of interference with video image. Avoid large pieces of jewelry that reflect light. Take off hats and sunglasses that limit the view of your face. Only use a WiFi network that is secure via password protection, no public WiFi! Position yourself and camera so that you are visible from at least the waist up. If there are multiple participants make sure everyone is in view. If possible, arrange to make a test-call (free of charge) with me.

### **Professional Consultation.**

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you and your family.

## **Confidentiality.**

As a Licensed Marriage and Family Therapist, it is my duty to protect the confidentiality of the communications with my clients. I will only release information about our work to others with your written permission or if I am required to do so by a court order. There are some situations where I am obliged to breach your confidentiality in order to protect others from harm, including the following: (1) If I have information that indicates that a child, elderly or disabled person is being abused; and (2) If a client is in imminent risk to him/herself or makes threats of imminent violence against another person or property of another.

## **Custody/Visitations.**

Custody and visitation matters are outside of my scope of practice. I will not provide any recommendations regarding any questions and concerns about custody and visitations stipulations. Such recommendations are handled by custody evaluators and/or family court specialists. I will only provide parenting recommendations to help you manage the challenging emotional and behavioral difficulties your child may be experiencing due to a recent separation and divorce from the parents.

## **Payment**

The fee for a 50-minute session is \$200.00. Payments can be made via the online processing platform, Stripe ([www.stripe.com](http://www.stripe.com)). You are expected to pay for services at the end of each session. Sessions longer than 50 minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee adjustment in advance.

The fee may be adjusted by contract with insurance companies, managed care organizations, other third-party payers, or by a sliding scale agreement. Currently, I am a contracted provider with CenCal-Medical and Victim Witness. Should you choose to use other insurance companies, I will provide you with a statement, which you can submit to the third-party of your choice to seek reimbursement of fees already paid. If services are rendered by CenCal-Medical (The Holman Group), sessions for adults last 45 minutes and for children last 60 minutes. If services are rendered by Victim Witness, session for adults and children last between 45 minutes to 90 minutes. Billing authorization would take place every month.

### **Therapist Availability.**

I am available Monday to Sunday from 7am to 12 noon and 7pm to 12 midnight. I am equipped with a confidential voice mail system that allows you to leave a message at any time. The voice mail system can be reached at 805-453-2525. I will make every effort to return calls within 24 hours (or by the next business day) but cannot guarantee the calls will be returned immediately.

### **Emergency.**

I am unable to provide 24-hour crisis service. In the event that you are feeling unsafe or requires immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room. You can also reach out to crisis lines (Crisis Response Access Line 1-888-868-1649 or Safety 1-888-334-2777). Given that therapy is not being conducted face to face, I do require all teletherapy clients have an emergency contact on file. An additional release will be provided for you to contact a Marriage and Family Therapist and/or Psychiatrist near you.

### **Cancellations**

Please give twenty-four (24) hours prior notice if you need to cancel. You will be charged for the session in full if you are a self-paid client. If cancellations occur on a frequent basis, therapeutic progress might be affected and therefore, I might recommend treatment to be terminated. If two cancellations or no-shows occurred without 24 hour notification, treatment will be terminated immediately.

### **Termination of Therapy.**

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, your needs are outside of my scope of competence or practice, or you are not making adequate progress in therapy. You have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will generally recommend that you participate in at least one, or possibly more termination sessions.

These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another therapist by offering appropriate referrals.

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement. You have discussed such terms and conditions with me, and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this agreement and consents to participate in telehealth sessions with Camila Barreto, MA, MFT. Moreover, you agree to hold therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

**Signatures Verifying Agreement.**

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms.

Client Name (Print) \_\_\_\_\_

Client Signature \_\_\_\_\_

Client Name (Print) \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_