

Declaration of Practices and Procedures

Jane Doe, M.A., PLPC
Name of Practice Setting
123 Practice Setting Address
Baton Rouge, LA 70809
225-123-4567

Qualifications: I earned a Master of Arts degree in Mental Health Counseling from Louisiana State University in 2010. I am a Provisional Licensed Professional Counselor (PLPC) #PLC____ and hold a provisional license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, 225-295-8444. The Louisiana LPC Board of Examiners has approved John Smith, M.A., LPC-S, 789 Main Street, Baton Rouge, LA 70809 225-123-4567 as my LPC Board-Approved Supervisor. Mr. Smith is licensed with the Louisiana LPC Board as an Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

Note: If you have not been approved as a PLPC, you will not have a PLPC provisional license number and therefore, will leave this space blank in your Declaration Statement.

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

The length of counseling varies from person-to-person and from situation-to-situation. As long as you are benefiting from counseling, I encourage you to continue attending sessions. Counseling is voluntary and you may stop at any time. If you feel that you are no longer benefiting from counseling or would like to stop our sessions, please feel free to discuss this with me so we can ensure that you have any referrals or resources you need.

Although counseling is an extremely personal experience, it is important to realize that our relationship is a professional rather than a personal one. That means that our time together will be limited to the scheduled sessions that you have with me.

Areas of Focus: I focus on clients with marriage and family issues. In addition to being provisionally licensed as a PLPC in Louisiana, I hold a national certification as a National Certified Counselor (NCC#123456).

Note: If you list an Area of Expertise, specialty, or cite specific certifications or training, you will need to submit proof of your specialty, expertise, or training for Board Review before your Declaration Statement may be approved and provided to clients.

Fees and Office Procedures: The fee for services is \$70.00 per fifty (50) minute session.

Payment for services is due at the close of each session and must be paid in the form of cash, check, or credit card. Fees should be paid directly to (Place of Employment).

Payment is not accepted from insurance companies. As a PLPC, I may not accept payment for services directly.

Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available Monday through Friday. Appointments may be scheduled, rescheduled or cancelled with the receptionist from 8:00am to 4:00pm Monday through Friday. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

Note: You must list specific fees, a fee range, include a "price list", and/or provide very specific information as to where the client may find fee information via your employer (i.e. who to contact and their contact information) on your Declaration Statement. If you provide different services (ex. Individual, group, couples, family, etc. you must indicate the fees for each.) You must also state your employer's policy regarding insurance payments.

Services Offered and Clients Served: I approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions. I work with clients in a variety of formats, including individually, as couples and as families. I also conduct group therapy. I see clients of all ages and backgrounds with the exception that I do not work individually with children under six years of age.

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.

Note: You may consider including that you must also follow all codes of ethics for any specific professional organizations to which you belong (ex. NBCC, ACA, LCA). You must follow these codes to maintain your membership requirements. Codes adopted by licensing boards only regulate your practice in the state in which you are licensed.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my LPC Board-Approved Supervisor and 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 themselves or someone else.
3. There is reasonable suspicion of abuse or 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, couple, or family counseling, material obtained from an adult client individually may be shared with the client's spouse/partner or other family members only with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

As a PLPC, I may be required to audio or videotape our sessions. These will only be shared with my LPC Board-Approved Supervisor or other PLPCs and may only be used for the purpose of supervision towards licensure.

In order to be an ethically responsible PLPC, it is important for me to consult with other professionals from time to time. As such, it is my practice to meet with a "peer consultation" group. This practice is encouraged by my Code of Conduct. No identifying information is given during peer consultations.

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: When the receptionist is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may call (Name of After-Hours Emergency Location) at 225-123-4567. You may also seek help through the nearest hospital emergency facilities or by calling 911.

Client Responsibilities: You 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 ask 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 ask 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, please feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Jane Doe, M.A., PLPC and my signature below indicates my full informed consent to services provided by Jane Doe, M.A., PLPC. I am aware that Ms. Doe may share information with John Smith, M.A., LPC-S and other PLPCs for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Jane Doe, M.A., PLPC may be audio or videotaped for the purpose of supervision.

Client Printed

Date

Client Signature

Date

Jane Doe, M.A., PLPC

Date

John Smith, M.A., LPC-S

Date

(PLPCs seeing minor clients must provide a parental authorization section. See example below)

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Jane Doe, M.A., PLPC to
conduct therapy with my _____, _____.
(Relationship) (Name of minor)

Signature of Parent or Legal Guardian

Date