

Kidder Counseling Services Declaration of Practices and Procedures

I am pleased that we will be working together and am committed to helping individuals and families that contact me for professional guidance and counseling. Please read over the following to give you a better idea of my qualifications and our office procedures. Once you have reviewed the Declaration of Practices and Procedures, please sign and date it.

1. **Counseling Relationship:** It is my intention to create a safe and trusting atmosphere in which you can begin and /or continue to examine patterns of behavior, thoughts, or emotions that may be interfering with areas of your life such as personal, marital, religious, vocational, or physical health. My goal is to assist you in becoming better aware of the balance of your body, mind, and spirit. In order to achieve this, I will first collect information from you such as medical and emotional history, present issues, and prior problems with relationships and physical and mental health.

2. **Qualifications:** I earned a BS and an MSW degree from Louisiana State University (LSU) and am licensed by the State of Louisiana to practice clinical social work (LCSW). I am good standing with the National Association of Social Workers (NASW) and the Louisiana State Board.

I have completed all continuing education hours and continue to fulfill these requirements on a yearly basis.

Prior to becoming a professional counselor, I taught in the field of martial arts and am a Third Degree Nationally Certified Taekwondo Black Belt Instructor and a certified instructor of self-defense.

For eight years, I was an adjunct instructor at LSU, teaching three courses in social work skills and child and community issues.

3. **Area of Expertise:** Many factors are involved in mental health. I have experience in determining which of these factors may be involved with your lack of ability to become a well-adjusted individual with a content life. Among issues that I am able to address, but not limited to, include depression, anxiety, personality disorders, identity issues, relationship problems, family and marriage conflicts, loss and grief, weight management, assertiveness training, boundaries, sexual dysfunction and family-of-origin issues.

4. **Session Fees**

Individual sessions: The first visit and history is \$125, and all others are \$100 per 50-minute session
Group counseling: \$50 per participant for a 90 minute session.

5. Cancellation: If you must cancel, we require 24-hour notice by calling our office (225-769-5990) and leaving a voice mail message if no one is in. Appointments cancelled without 24 hour notice or missed entirely incur a \$25 fee for the first missed session. Subsequent late cancellations or missed appointments will be charged the full fee.

6. Code of Ethics: I am required by law to adhere to the Louisiana State Board of Social Workers Code of Ethics. Therefore, I will not be able to have a “dual” relationship with a client, such as accepting social invitations or attending functions. I will not speak to you if I see you in a public setting, unless you first approach me. This is to protect you and your privacy.

7. Privileged Communication/Confidentiality: Confidentiality and privileged communication remain right of all people involved in counseling, according to the State of Louisiana. As I participate in any supervision, peer, or student contact, I may share general, non-specific information (no names, etc.) to aid you in therapy.

Please note: Some courts have held that if an individual intends to take harmful, dangerous, or criminal action against another human being or against him/herself, it is the counselor’s responsibility to warn appropriate individuals of such intentions. Additionally, any suspicion of child abuse in any form MUST be reported immediately to appropriate authorities.

8. Potential Counseling Risks: As a result of mental health therapy, the client may realize that he/she has additional issues that may not have surfaced prior to the onset of the therapeutic relationship. Also, there is a possible risk in couple or family counseling, the if one member changes, additional strain may be placed on the relationship/s if the other/s involved refuse to change and/or become more aware of the issues involved.

9. Emergencies: In case of emergency, call my office at (225) 769-5990. If no one answers, the message will provide you with an additional emergency number. If I am not available for any reason, call the Crisis Intervention Center (The Phone) at (225) 924-3900, a psychiatric hospital, a hospital emergency room or law enforcement officials if warranted.

10. Telephone Consultations: These will be available on a fee basis and by appointment only.

11. Correspondence: At times, information will need to be exchanged with another professional and it may be necessary to charge an additional fee if such correspondence is detailed and time consuming. Also, we will obtain an authorization to release information before any correspondence is sent on your behalf.

12. Client Responsibilities: The client is expected to follow billing, scheduling, and office procedures. It is expected that the client terminate any previous counseling relationship or to advise

me of such an existing relationship in order to discuss the best treatment plan with the most appropriate direction of counseling. It is suggested that the client have a complete physical examination if she/he has not had one within the past year. Also, the client agrees to list on the intake form, any medications that is/are being taken.

Please sign acknowledging both statements below for the most efficient handling of your care.

1. I have read and understood the above information. I hereby sign in agreement.

Signature of client or Signature of parent or guardian if client is minor

Date

2. I authorize the release of information to my primary care physician or any other appropriate health care professional, as needed.

Signature of client or Signature of parent or guardian if client is minor

Date