



[www.HealingHeartCounseling.Org](http://www.HealingHeartCounseling.Org)  
Distinctively Christian Professional Counseling

**Martin P. Miller, M.A., Executive Director  
Licensed Professional Counselor**

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**CLIENT INFORMATION AND AGREEMENT**

I am pleased that you have chosen me as your counselor. It is often helpful to have a written copy of office policies so that you may refer to it at any time. This document is designed to inform you about my professional credentials and to ensure that you understand our professional relationship. If there are further questions, please feel free to discuss them with me.

**Qualifications:** I am licensed as a Professional Counselor by the Louisiana Board of Examiners for Licensed Professional Counselors (# 2071), 8631 Summa Avenue, Suite A, Baton Rouge, Louisiana 70809, telephone (504) 765-2515. Only mental health professionals licensed by this state may provide counseling services in Louisiana.

In addition, I am certified by the National Board of Certified Counselors (#41053), a private certifying agency that recognizes counselors who have distinguished themselves through meeting the board's standards for education, knowledge and experience.

I hold a Master of Arts (M.A.) degree in Clinical Psychology from Stephen F. Austin State University. I also have graduate training in Counseling from the same university. The university I attended is accredited by the Southern Association of Colleges and Schools.

I am certified by the Louisiana Board of Examiners of Licensed Professional Counselors provide assessment services. I am a clinical member of the Louisiana Counseling Association and the American Association of Christian Counselors. I am the Founder and President of Christian Counselors of Northwest Louisiana. I am a member of the Louisiana Association for Spiritual, Religious and Ethical Values in Counseling. I am also the former Lead Program Therapist for RAPHA Shreveport, and national inpatient Christian program. Additionally, I have served as an Adjunct Faculty member at the New Orleans Baptist Theological Seminary extension center.

**Areas of Expertise and Clients Served:** My specialty areas since 1990 have been integrating Christianity and counseling, treating depression and anxiety, marital counseling, anger management, co-dependency, pornography and sexual addiction, attention-deficit hyperactivity disorder (ADHD), parenting and child and adolescent issues and obsessive-compulsive disorder (OCD). I have worked with clients of all ages, from preschool to senior adults, in both inpatient hospital and outpatient counseling settings since 1988. I provide counseling to individuals, couples, families and groups.

**Services offered:** My therapeutic approach to counseling is from a Christian perspective and is based on Scripture. I use a variety of techniques and strategies in assisting clients as they seek to resolve their specific life concerns and issues. The **Healing Heart Counseling Center** provides a safe, compassionate, professional and non-threatening environment where healing and growth can take place. I respect the dignity and worth of others, therefore I will never seek to impose my beliefs upon them.

**The Counseling Relationship:** I have been a counselor since 1992. I accept clients in my practice who I believe have the capacity to resolve their own problems with my assistance. I believe that, as people become more aware of and accepting of themselves, they are more capable of achieving contentment and satisfaction in their lives. However, self-awareness and self-acceptance are objectives that may take a significant amount of time to achieve. Some clients will require only a few counseling sessions to arrive at these goals, while others may require much longer. As a client, you may end our counseling relationship at any point. I will respect that decision. It would be helpful if you let me know when you're ready to stop counseling, so that we can summarize our work together and I can give future recommendations if you like. Progress in counseling can be measured by movement towards your stated goals, and your feeling that you are more effectively addressing the challenges in your life.

A counseling relationship between a professional counselor and client is a professional relationship in which the professional counselor assists the client(s) in exploring and resolving difficult life issues. Some common issues may be: 1. to decrease or gain better control of painful emotions, such as depression, anxiety or anger; 2. to improve marital and/or other interpersonal relationships and resolve interpersonal conflicts; 3. to address youth behavior problems and enhance skills needed to handle these effectively; 4. to resolve issues of abuse or trauma; 5. to learn more effective means of coping with stress, and others.

Although a counseling session may be very intimate psychologically, it is important for you to realize that we have a professional relationship, rather than a social one. Our time together will be limited to sessions that you arrange with me. Please do not invite me to social gatherings, offer me gifts or ask me to relate to you in any way other than in the professional context of our counseling session. You will be best served, while I am seeing you for counseling, if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

**Code of Ethics:** I am required by state law to adhere to the Code of Conduct for practice that has been adopted by my Licensing Board for Licensed Professional Counselors. A copy of this Code of Conduct is available upon request.

If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the State of Louisiana Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, Louisiana 70809, (504) 765-2515.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your counseling goals. Progress depends on many factors including motivation, effort, the severity of one's problems, and other life circumstances. Counseling is a joint effort between counselor and client, and together, we will work to achieve the best possible results for you.

**Confidentiality:** Naturally I will need to know a great deal about you in order to best assist you. Be assured that I will keep strictly confidential anything you say to me with the following exceptions in accordance with state law:

- 1.) You (the client) sign a written release of information indicating informed consent of such release, directing me to disclose specific information to a specific party.
- 2.) You express an intent to harm yourself or someone else.
- 3.) There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (65 or older), or a dependant adult.
- 4.) A court order/subpoena is received directing the disclosure of information.

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 the client of all mandated disclosures as conceivable. 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 **only** with the client's permission. Any material obtained from a minor child may be shared with the child's parent or guardian.

Health insurance companies often require that I diagnose your condition and indicate that you have a treatable condition or "illness" before they will agree to reimburse you for my services. In the event a diagnosis is required, at your request I

will inform you of the diagnosis I plan to render before you submit it to the health insurance company. Please note that I am not a participating provider with any insurance companies, but my services are usually reimbursed by most insurance companies as an out of network provider.

**Fees:** The fee for counseling services is \$150.00 per session. Sessions are **50 minutes** in duration. The fee for each session will be due and is payable at the beginning of each session. Cash, credit cards and personal checks are acceptable forms of payment. If time on the phone becomes excessive, this time will be billed at the same rate.

**CANCELLING AN APPOINTMENT:** I understand that circumstances may require you to cancel your appointment and reschedule for another time. **IF YOU MUST CANCEL AN APPOINTMENT, YOU MUST GIVE A MINIMUM OF 48-HOUR ADVANCE NOTICE (PREFERRABLY SOONER). IF I DO NOT RECEIVE A MINIMUM OF 48-HOURS ADVANCE NOTICE, YOU WILL BE RESPONSIBLE FOR PAYING THE FULL FEE FOR THE TIME THAT YOU RESERVED. THIS IS BECAUSE YOUR APPOINTMENT TIME IS RESERVED EXCLUSIVELY AND SOLEY FOR YOU. IF YOU FAIL TO GIVE A 48 HOUR NOTICE, THE TIME IS WASTED AND IS NOT USABLE FOR OTHER CLIENTS.**

Please note that our office hours are **9 a.m. until 5:00 p.m. Monday through Friday. SINCE WE ARE CLOSED ON THE WEEKEND, THE 48-HOUR ADVANCE NOTICE MUST BE GIVEN DURING THE BUSINESS WEEK, MONDAY THROUGH FRIDAY, ONLY. PLEASE REMEMBER THAT ANY MESSAGE LEFT AFTER 5 P.M. ON FRIDAY WILL NOT BE RECEIVED UNTIL MONDAY MORNING AT 9 A.M.**

**BY GIVING NOTICE, YOU ALLOW ME TO BE OF SERVICE TO OTHER CLIENTS. IT IS PREFERRED THAT YOU GIVE NOTICE SOONER THAN 48 HOURS WHENEVER POSSIBLE.**

*This is because, unlike with physicians and dentists who may see several patients in one hour, the 50-minute counseling session is reserved solely and exclusively for you.* I appreciate your cooperation. In the event of a medical emergency, the fee for the canceled appointment will be waived. Please also note that insurance companies do not cover charges for missed appointments.

#### **Court & Legal:**

If you are in need of a letter written for a legal situation, the fee is based on an hourly rate of \$150.00 per hour. Most letters require one to three hours of time, depending on the circumstances. If you are in need of my expert testimony in a court case, the fee is \$2000.00, paid up front, to offset the cost of preparation, travel and scheduling an entire day for this.

**Emergency Situations:** My counseling services are limited to the scheduled sessions we have together. In the event you feel your mental health requires emergency attention or if you have an emotional crisis, you may report to the emergency room of a local hospital and request mental health services.

**Client Responsibilities:** You, the client, are a full partner in counseling. Your honesty and effort are essential to your success in reaching your counseling goals. If as we work together, you have suggestions or concerns about your counseling, I would like you to share these with me so that we can make any necessary adjustments. If it appears that you might be better served by another counselor, we can discuss this and I will help you with the referral process.

Clients are expected to follow office procedures for keeping appointments and are expected to pay for services before each counseling session. It is essential that you (the client) notify me of any other ongoing professional mental health relationship. If you are seeing another mental health professional, then the first professional must grant permission for the second to work with the same client. If you are seeing a psychiatrist, please inform me of this. Permission is not needed for a counselor to see the same client in this instance, since psychiatrists often provide medication management only and prefer the client to have a counselor to provide counseling.

**Physical Health:** Physical health is an important factor in the emotional well-being of an individual. It is recommended

that you have a complete physical examination if you have not had one in the last year. This is to rule out physical causes for emotional difficulties. Also, please inform me of any medications that you are taking, and any new medications that you begin during our counseling relationship.

**Potential Counseling Risk:** You should be aware that counseling poses potential risks. In the course of working together additional issues may surface that you were not initially aware of. If this occurs, please share these with me. In addition, in marriage counseling, as one person changes and grows, additional strain may be placed on the marital relationship if the other partner refuses to work towards change.

**Health Insurance: I do not process insurance.** However, most health insurance companies will reimburse clients for my counseling services. Some will not. Those that do reimburse sometimes require a deductible be paid by you before reimbursement is allowed, and then usually a percentage of my fee is reimbursable. Please contact your insurance company to determine whether they will reimburse you and what schedule of reimbursement will be used. A standard Health Insurance Claim Form (HICF) will be given to you as requested by you, for you to use in filing for reimbursement from your insurance company. This form will contain all of the information needed by your insurance company to file for reimbursement of your fee.

**Acknowledgment:** I understand and agree that, regardless of my insurance status, I am responsible for paying the fee prior to each session for professional services rendered. I understand that if my account becomes delinquent, I will be responsible for a 1½ % per month finance charge and any court costs, lawyer fees or collection fees involved in collecting an unpaid balance. Fees not paid after 90 days will be turned over to a collection service unless other arrangements have been made. No clinical information will be shared in this effort.

By signing below, you acknowledge that you are responsible for the fees incurred if I, the Licensed Professional Counselor, is ordered by court to become involved in legal proceedings pertaining to you (the client).

**Informed Client Consent:** I have read, understand and agree to abide by the arrangements in this **Client Information and Agreement**. By signing this agreement, I agree that I am responsible for fulfilling my therapeutic and financial responsibilities described herein.

If you have any questions, please feel free to ask. Please sign and date this form. A copy is provided for your records.

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Martin P. Miller, M.A., Executive Director  
Licensed Professional Counselor

\_\_\_\_\_

Date

**Children and Adolescents:**

If your child or teenager is to be seen for counseling and is under 18 years of age, please sign below.

I, \_\_\_\_\_, parent or guardian, give permission for Martin P. Miller, LPC,  
to conduct counseling with my (relationship) \_\_\_\_\_,

Name of minor: \_\_\_\_\_.

**CREDIT CARD INFORMATION FOR MISSED APPOINTMENTS  
AND CANCELLATION AGREEMENT**

**My credit card information for missed appointments:**

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<b>Credit card number</b>	<b>Exp. Date</b>	<b>CVV</b>	<b>Zip Code</b>
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**Full Name on card**

**I UNDERSTAND THAT MY APPOINTMENT TIME IS RESERVED EXCLUSIVELY AND SOLEY FOR ME, AND THAT THE APPOINTMENT TIME WILL BE WASTED IF I DO NOT GIVE A MINIMUM OF 48-HOURS ADVANCE NOTICE OF CANCELLATION.**

**I UNDERTAND THAT A MISSED APPOINTMENT I MUST GIVE A MINIMUM OF 48-HOURS ADVANCE NOTICE (*PREFERRABLY SOONER*) TO CANCEL OR CHANGE MY APPOINTMENT, AND I AGREE TO PAY THE SESSION FEE IF I FAIL TO DO SO. MY CREDIT CARD WILL BE CHARGED THE SESSION FEE FOR THE MISSED SESSION. I understand that an exception to this policy is medical illness.**

**I understand** that the office hours are 9 a.m. until 5:00 p.m. Monday through Friday and that advance notice must be given **during the work week**, since the office is closed on the weekends. Any message left on Friday after 5 pm will not be received until Monday morning at 9 am.

To cancel an appointment on a Monday at 9 am, for example, you must give notice by the previous Thursday before 9 am (or sooner if possible), in order to give a 48-hour advance notice. I appreciate your agreement with our cancellation policy, which helps us to serve others and operate more effectively.

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<b>Client Signature</b>	<b>Date</b>
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