Declaration of Practices and Procedures

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CLIENT INFORMATION AND AGREEMENT

Thank you for choosing me as your counselor. It is often helpful to have a written copy of office policies so that you may refer to it at anytime. This statement is designed to help you understand more about me as a counselor, my counseling credentials, policies and procedures and expectations of the counseling relationship. Do not hesitate to ask any questions you may have.

Qualifications: I have a Master of Arts (M.A.) degree in General Counseling from Louisiana Tech University in 2003. I am licensed as a Licensed Professional Counselor (# 3481) registered with the Licensed Professional Counselors Board of Examiners which is located at 8631 Summa Avenue, Baton Rouge, LA 70809 (phone 225/765-2515). Only mental health professionals licensed by this state may provide counseling services in Louisiana.

In addition, I am a member of the Louisiana Counseling Association and also a member of the division for Louisiana Association for Spiritual, Religious and Ethical Values in Counseling of the LCA. I am also a member of the Christian Counselors of Northwest Louisiana.

The Counseling Relationship: I will accept clients who are willing to work and have the capacities to resolve their issues with my help and guidance. Together, with a trusting relationship, issues will be addressed and worked through. A prospective client should not assume that their problems be "fixed" for them. A client has a responsibility for their own being and everything inclusive with this. A clients' progress may be defined as how well one feels like they can adjust to life in general. A client has the right to end the counseling relationship at any time.

The client need understand that the counseling relationship will be of a professional one and not of a social one. However intense the relationship may become, you as the client will best be served by maintaining the relationship on a professional level.

I have been providing counseling services to adults, adolescents and children at the Healing Heart Counseling Center since 2005. I provide individual, couple and family counseling. I have experience in several mental health areas. I have worked with chronically mentally ill adults in an inpatient hospital setting and intensive outpatient therapy using didactic therapy groups focusing on coping and stress relief skills. I worked for two years at an outpatient center with children and teens who struggled with depression, ADHD, Bipolar Disorder, learning disabilities, conduct disorder and oppositional defiance disorder. I worked with opiate dependent patients at a local medical clinic for approximately a year and a half providing case management concerning addiction, relapse prevention, poly-substance abuse, stress relief as well as counseling for depression and anxiety. Most recently, I have worked in a reentry setting assisting formally incarcerated people to help prevent recidivism through evidence based practices.

Code of Conduct: As a Counselor, I am required by law to adhere to the LPC Code of Conduct that has been adopted by my licensing board. A copy is available at your request.

Confidentiality: Information revealed in counseling sessions will remain confidential with exception of the following circumstances in accordance with state law: 1) Instances where you have signed a written a release of information indicating informed consent of release, 2) Client expresses intent to harm him/herself or someone else, 3) There is suspected abuse/neglect of a minor child, elderly person (65 or older) or dependant adult and 4) A court order for records in certain situations directing the disclosure of information. Releases of client information will only be done with clients' permission except when information has been disclosed that must be reported as in situations above.

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 apprise the client of all mandated disclosures if at all possible. In marriage or family counseling situations, 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 client's parent or guardian.

Health insurance companies often require that I diagnose your condition and indicate that you have an "illness" before they will agree to reimburse you. 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.

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, 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.

Fee Scale: In return for a fee of $125.00 per session, I agree to provide counseling services to you. Each session is **50 minutes** in duration. The fee for each session will be due and is payable at the beginning of each session. Cards, cash and personal checks are acceptable forms of payment. If time on the phone becomes excessive, this time will be billed at the same rate.

Canceling 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 24-hours advance notice (preferably sooner). It is preferred that you give notice as soon as you realize you need to change or cancel an appointment. By giving notice, you allow me to be of service to other clients. Because we are closed on the weekends, appointments scheduled for Monday must be cancelled on Friday. For example: If you have an appointment at 10:00 a.m. on Monday, you must cancel prior to 10:00 a.m. on Friday.**

If I do not receive a minimum of 24 hours advance notice, you will be responsible for paying the full fee of $125 for the time reserved.

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. If a minimum 24 hours notice is not given the time will not be usable for others. I appreciate your cooperation. In the event of a medical emergency, the fee for the cancelled appointment will be waived. Please note that our office hours are 9:00 a.m. until 5:00 p.m. Monday through Friday. Please also note that insurance companies do not cover charges for missed appointments.

Emergency Situations: For medical emergencies, one should seek help through their local hospital emergency room or call 911.

Client Responsibilities: Counseling services will be rendered in a professional manner. The process is also a joint effort between the client and counselor, requiring much effort from you as well. Goals can be reached with help and effort, however specific results cannot be guaranteed. Together, we will work toward achieving the best possible goals for you. If it develops that another mental health provider would better serve you, I will help you with the referral process. In addition, I would also expect you to share if you are receiving services from another mental health provider so we may coordinate our services for you.

Potential Counseling Risks: The client should also be aware that counseling poses some potential risks. A client may realize that some additional issues may have surfaced that the client was not initially aware. If this occurs, please feel free to share these concerns with me.

Physical Health: It is important that you receive a complete physical examination if you haven't had one in the past year. Also, it is very important that I am informed of any medications that you might be taking that would affect emotional status.

Health Insurance: Health insurance companies that reimburse clients for my counseling services sometimes require that a standard amount be paid by you before reimbursement is allowed, and then usually a percentage of my fee is reimbursable. You should contact a company representative to determine whether your insurance carrier will reimburse you and what schedule of reimbursement will be used. A statement for each session will be given to you as requested for use in filing for reimbursement from your insurance company. This form will contain all the information needed by your insurance company to file for reimbursement of your fee.

Agreement: I have read and agree to abide by the above Client Information and Agreement. **I agree to give a MINIMUM OF 24-HOURS ADVANCED NOTICE in the event that I need to cancel or change an appointment**. **By giving notice you allow me to be of service to other clients. Since we are closed on the weekend, appointments for Monday must be cancelled on Friday. For example: If you have an appointment at 10:00 on Monday, you must cancel prior to 10:00 a.m. on Friday.**
I UNDERSTAND I WILL BE RESPONSIBLE FOR PAYING FOR THE TIME RESERVED ($125) IF I DO NOT GIVE A MINIMUM OF 24-HOURS ADVANCE NOTICE.

By signing the agreement I agree that I am responsible for fulfilling my therapeutic and financial responsibilities above.

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

I have read, understand and will comply with the above information.

_____ _____
Client Signature Date

_____ _____
Justin K. Jones, M.A. LPC Date

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

I, _____, (parent or guardian) gives permission for Justin K. Jones

to conduct counseling with my (relationship) _____.

Minor Signature_____ Date_____