

Declaration of Practices and Procedures

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Qualifications: I earned a Masters of Divinity in Psychology and Counseling degree from New Orleans Baptist Theological Seminary in 2005. I am licensed as a LPC #9112 with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, 225-295-8444.

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 stations, 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 Expertise: My training and experience has prepared me to deal with a wide range of issues including mental health concerns, anxiety, grief, depression, spiritual concerns, sexual abuse, self-esteem, and many other areas of need. I see couples, families, and individuals ages 6 and above. I am certified as a telemental health provider.

Fee Scale: The standard fee for a 50-minute session is \$125.00. However, I will work with clients to determine a fee that is affordable for them when they are unable to pay the standard fee. Clients are charged for each session and are expected to pay at the time of service. Clients will be charged for appointments that are broken or cancelled without a 24-hour notice.

Services Offered and Clients Served: I primarily 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 also use other formats of counseling including, but not limited to, solution-focused and rational emotive behavioral therapy. I work with groups, families, couples, and individuals. I see clients of all ages and backgrounds with the exception of individual work with children under the age of 6.

Code of Conduct: As an LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC 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

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared 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.

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 985-264-7204. You may also seek help through the nearest hospital emergency facilities or by calling 911.

Client Responsibilities: You, the client 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 Emily Kirby, M.Div., LPC and my signature below indicates my full informed consent to services provided by Emily Kirby, M.Div., LPC.

Client Printed Name

Date

Client Signature

Date

Emily Kirby, M.Div., LPC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Emily Kirby, M.Div., LPC to
(Name of parent or legal guardian)

conduct therapy with my _____, _____.
(Relationship) (Name of minor)

Signature of Parent or Legal Guardian

Date