

## Declaration of Practices and Procedures

Jane Doe, M.A., LPC  
Name of Place of Employment  
123 Employment Address  
Baton Rouge, LA 70809  
225-123-4567

Qualifications: I earned a Masters of Arts degree in Mental Health Counseling from Louisiana State University in 2010. I am licensed as a LPC #1234 with the Louisiana LPC Board of Examiners, 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, the Counselor 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.

Areas of Focus: I focus on clients with marriage and family issues. In addition to being licensed as a LPC 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 session and paid directly to (Place of Employment). Payment for services is due at the close of each session. Payment is not accepted from insurance companies.

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. 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 LPC, 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 LPC, 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 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 him/herself or someone else.
3. There is reasonable suspicion of abuse/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 or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members 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 (**Name of After-Hours Emergency Location**) at 225-123-4567. You may also seek help through 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 expect 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 expect 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, you should feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Jane Doe, M.A., LPC and my signature below indicates my full informed consent to services provided by Jane Doe, M.A., LPC.

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Client Signature

Date

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Jane Doe, M.A., LPC

Date

(LPCs 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., LPC to  
(Name of parent or legal guardian)

Sample Last Revised MAY 2018

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

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Signature of Parent or Legal Guardian

Date

SAMPLE