

Statement of Practices and Procedures

Jane Doe, M.A., PLMFT
Name of Practice Setting
123 Practice Setting Address
Baton Rouge, LA 70809
225-123-4567

Qualifications: I earned a Masters of Arts degree in Marriage and Family Therapy from the University of Louisiana at Monroe in 2013. I am a Provisional Licensed Marriage and Family Therapist (PLMFT) #PLM____ and hold a provisional license with the Louisiana LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809 (225-765-2515). The Louisiana LPC Board of Examiners has approved John Smith, Ph.D., LMFT-S, 789 Main Street, Baton Rouge, LA 70809 (225-123-4567) as my LMFT Board-Approved Supervisor. Dr. Smith is a Licensed Marriage and Family Therapist (LMFT) and a LMFT Board-Approved Supervisor. Dr. Smith will provide supervision as I work toward full licensure as a LMFT. I may not practice independently or accept fees directly from clients as a PLMFT.

Note: If you have not been approved as a PLMFT, you will not have a PLMFT provisional license number and therefore, will leave this space blank in your Declaration Statement.

Clients Served: I provide therapy for individuals, couples, and families. I work with children and adults.

Areas of Focus: I focus on clients with marriage and family issues. I work with problems of childhood and parenthood, marital difficulties, and life difficulties that may relate to disturbances in family relationships. I am an Associate Member of the American Association for Marriage and Family Therapy.

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 Statement of Practice may be approved and provided to clients.

What to Expect from Therapy: I work from an ecosystemic perspective, which means that I view clients' immediate family relationships and larger social context as being important resources in solving life's problems. Goals for therapy are always established through collaboration with the client(s). The overall objective for therapy is always the successful resolution of the problems that are deemed the most important through the collaborative

process. I work from a structural/strategic orientation, which means that I assist couples and families in organizing their relationships so that resources can be brought to bear on the problems being presented. Techniques that I often employ are instruction and modeling of communication skills, family role-playing and family sculpting, and between session interactive assignments. This “homework” is a vital part of the therapeutic process. The completion of homework is necessary if the client is to get the most from the therapeutic experience.

What I Expect from Clients: Clients must make their own decisions regarding such things as marriage, separation, divorce, reconciliation, and how to set up custody and visitation. That is, I will help you think through possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

Appointments are usually scheduled one time a week for approximately one hour, with the initial session devoted to gathering necessary information. The entire therapy process may take on average eight to 10 sessions.

Code of Ethics: I am required by law to adhere to the Louisiana Code of Ethics for Provisional Licensed Marriage and Family Therapists (PLMFTs) and Licensed Marriage and Family Therapists (LMFTs). A copy of this code is available upon request. Should you wish to file a disciplinary complaint regarding my practice as a PLMFT, 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. AAMFT, LAMFT). 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.

Privileged Communication: I am required to abide by the professional practice standards for Provisional Licensed Marriage and Family Therapists as stated in Louisiana law. I do not disclose client confidences and information to any third party, except for materials shared during supervision, without a client’s written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. Stat law mandates that I report to the proper authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled adult abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm. Also note that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without your consent.

When working with couples, families, and/or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses. When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence (except for mandated exceptions noted above) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individuals during couple or family therapy could impede or even prevent a positive outcome to therapy. If an impasse results from such confidentiality, referral to another therapist might result.

Dr. Smith will monitor my work with clients. I will review my cases with Dr. Smith. Part of my supervision will be group supervision where other PLMFTs will be present. Your signature at the end of this form includes permission for audio and/or videotaping of sessions and the sharing of information from my notes. Dr. Smith, the other PLMFTs, and I will maintain confidentiality of the shared information as described in this section.

After-Hours/Emergency Situations: When the receptionist is unavailable to answer calls or 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 555-555-5555, which offers professional service 24 hours a day. You may also seek help through hospital emergency facilities or by calling 911.

Fees and Offices Procedures:

Appointments: 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 9:15 am to 5:00 pm 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.

Fees: The fee for individual, couple, and family therapy is \$75.00 an hour and is to be paid directly to (**Place of Employment**). Payment for services rendered is due at the close of each session.

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 Statement of Practice. You must also state your employer’s policy regarding insurance payments.

Potential Risks of Therapy:

- A. Studies suggest that marital therapy involving only one spouse can lead to the dissolution of the marriage instead of improving it.
- B. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possibly adverse responses from other people in the client's social system.
- C. A result of family therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the therapeutic relationship.

Additional Information: *(This section is not required, but is an opportunity to add any additional information that you believe is necessary for clients to be able to give full informed consent.)*

I have read the Statement of Practices and Procedures of Jane Doe, M.A., PLMFT and my signature below indicates my full informed consent to services provided by Jane Doe, M.A., PLMFT. I am aware that Ms. Doe may share information with John Smith, Ph.D., LMFT-S and other PLMFTs for the sole purpose of supervision toward LMFT licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Jane Doe, M.A., PLMFT may be audio or videotaped for the purpose of supervision.

Client Signature

Date

Client Signature

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Jane Doe, M.A., PLMFT
(Name of parent or legal guardian)

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

Signature of parent or legal guardian

Date

Jane Doe, M.A., PLMFT

Date

John Smith, Ph.D., LMFT-S

Date