

## DECLARATION OF PRACTICES AND PROCEDURES-INFORMED CONSENT

Thank you for giving me the opportunity to serve you. This document is designed to provide you with the information you need regarding my counseling services.

**Qualifications:** I obtained a Master of Arts degree from Louisiana State University in 2006 as well as an Education Specialist Certificate in 2007. I attended Samford University and received a Bachelor's Degree in Journalism and Mass Communication in 2004. I am licensed as a LPC # 3107 registered with the Alabama Board of Examiners in Counseling.

**The Counseling Relationship:** I desire to have an open and trusting relationship with you and to provide a safe and supportive environment where you can feel free to share openly regarding what has brought you to counseling. I am not here to tell you what to do; rather to listen, provide feedback, and support your efforts for positive growth. My goal is to help you define an issue, set a goal, and generate alternatives toward meeting these goals. Together we will work through how to best implement these alternatives, and continue working toward meeting a goal as long as you and I are willing to work. I identify as a Christian counselor and use faith-based strategies for those who wish to integrate Christian principals into their counseling sessions. I will never impose belief systems on the client that he/she is in any way uncomfortable with or opposed to.

**Areas of Expertise:** My areas of expertise include individual, couples and family counseling. Areas that may be addressed but are not limited to: mental health concerns; communication skills; relationship issues; family of origin issues; and self-esteem issues. I also provide professional premarital counseling sessions. I am certified to administer the Prepare-Enrich Assessment for couples. This can be used in premarital as well as couples counseling.

**Fees:** Fees are as follows and due at the time of service unless prior arrangements have been made: Initial intake, assessment and history; 50-60 minutes. Individual: \$125.00, Couples: \$125.00, Family: \$125.00. Follow up counseling sessions, 50 minutes. Individual: \$110.00, Couples: \$125.00, Family: \$125.00. Professional premarital counseling sessions or Relationship Enrichment utilizing Prepare/Enrich Program; 50 minutes: \$125.00.

**Missed Appointments/Late Cancel:** Appointments must be cancelled within 24 hours with exceptions for true emergencies. A credit/debit card will be kept in your confidential client file and a fee of \$50 will be charged for missed appointments or those not cancelled before 24 hours. As a courtesy to other clients requesting appointments, in the event of a no-show any remaining appointments will be cancelled. Please contact me to reschedule.

**Cancellation and Reschedule Requests:** It is my practice to confirm the receipt of a cancellation or reschedule request. If you have not received confirmation of your cancellation or reschedule request please assume I have not received it and use an alternate method of contacting me. You may contact me via phone/voicemail, email or text message.

**Services Offered and Clients Served:** I offer individual, premarital, couples and family counseling. I often approach counseling from a cognitive-behavioral technique, meaning I look at how the thought process can change behavior and create a positive change in your life. I do not limit myself to this approach, and I will use different techniques based on specific issues. If at any time you have a question about a technique I may be using, please do not hesitate to ask. I see clients of all ages and backgrounds. Please note you must make all decisions regarding separation, divorce, reconciliation, marriage, custody and visitation. I am here to provide options and guidance as you come to these decisions, but my Code of Ethics does not allow me to make specific decisions for you.

**Code of Conduct:** I adhere to the Code of Conduct for practice that has been adopted by my licensing board. A copy of this Code of Conduct is available to you upon request.

**Privileged Communication:** Information revealed in counseling will remain **strictly confidential** except when:

- 1) You sign a written release to disclose information;
- 2) I am mandated by a court to disclose information;
- 3) You express the intent to harm yourself or someone else;
- 4) There is suspicion of child, elderly (60 years and older), or disabled abuse or neglect.

**Consultation:** In order to ensure that I provide services with ethical and clinical excellence, I participate in clinical peer consultation groups and may consult a subject matter expert when needed. Names and other identifying data are not shared in the consultation process.

**Electronic Communications:** Please be aware that if we communicate via email, text message, cell phone or video conference, I will do my best to guard your confidentiality but cannot guarantee it. A HIPPA compliant version of Zoom is used for telehealth sessions.

**Emergency Situations:** In case of an emergency, you may seek help through hospital emergency room facilities or by calling 911. In the unlikely event that I am incapacitated and unable to provide ongoing services, Michelle Pruett, LPC will provide those services and or facilitate transfer to another service provider and will maintain your records for a period of 7-10 years. Ms. Pruett may be contacted at 205-912-2006.

**Client Responsibilities:** I expect you to be an active participant in the counseling process. If you have any suggestions as to how I can better assist you, please do not hesitate to let me know. In the event that you would be better served by another mental health professional, I will help you with the referral process. If you are currently seeing another mental health provider, please advise me of this so that with your permission, I can develop a working relationship with him/her. You are responsible for being on time and attending sessions unless a 24-hour notice has been given.

**Physical Health:** It is suggested that you have had a physical examination in the past year before entering the counseling process.

**Potential Counseling Risk:** As a result of counseling, additional problems may surface of which you were not previously aware. We can address these issues in our time together as appropriate, and please remember, counseling can be terminated at any time.

**I have read and reviewed the above information and I fully understand the Declaration of Practices and Procedures.**

Client(s) Signature (Guardian signature for clients under age 14). Couples and families, each individual of age participating please sign:

\_\_\_\_\_  
Date \_\_\_\_\_; \_\_\_\_\_  
Date \_\_\_\_\_