

## DECLARATION OF PRACTICES AND PROCEDURES

Suzanne Palmer, MA, LPC, LAC, NCC

- 1.) I earned a Master's degree from Northwestern State University in 2008. I am licensed as an LPC # 4257 with the: **LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS, 8631 SUMMA AVENUE, BATON ROUGE, LOUISIANA 70809, TELEPHONE (225) 765-2515**
- 2.) **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 situations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals.
- 3.) **Areas of Expertise:** I have a general practice, but specialize with marriage and families, substance abuse, anxiety, and depression. I hold a national certification as a **National Certified Counselor (NCC) and a Licensed Addiction Counselor # 1316.**
- 4.) **Fee Scales:** The fee for my services is \$100.00. Payment is due at time of service.
- 5.) **Services Offered and Clients Served:** I approach counseling from an eclectic 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 a variety of formats, including individually, as couples and as families. I also conduct group therapy. I see clients age 14 and older and of all backgrounds.
- 6.) **Code of Conduct:** As a counselor, I am required by state law to 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 upon request.
- 7.) **Privileged Communications:** Material revealed in counseling will remain strictly confidential except for:
  - 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 a reasonable suspicion of abuse or neglect against a minor child, elderly person (60 or older), or a dependent adult.
  - 4) A court order is received directing the disclosure of information.

*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.*

*In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client spouse or other family members only with the client's permission. Any material obtained from a minor client may be shared with that client's parents or guardian.*

- 8.) **Emergency Situations:** If an emergency situation should arise, you may seek help through hospital emergency room facilities or by calling 911.
- 9.) **Client Responsibilities:** Your honesty and effort is essential to success. If as we work together 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 it develops 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 permissions to share information with this professional so that we may coordinate out services to you.
- 10.) **Physical Health:** Physical health can be an important factor in the emotional wellbeing 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 the medicines you are currently taking.
- 11.) **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 the client was not initially aware. If this occurs, the client should feel free to share these new concerns with me.

I have read and understand the above information.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signature of parent or guardian of minor being seen by counselor:*

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
(Parent/ Guardian) (Counselor)

to conduct counseling with my, \_\_\_\_\_,  
(Relationship) (Name of Minor)