DECLARATION OF PRACTICES AND PROCEDURES

Charlene Logan Taylor, M.A., LPC
Granberry Counseling Center
North Monroe Baptist Church 210 Finks Hideaway Road
Monroe, LA 71203
(318) 953-6939 telephone

Welcome to Granberry Counseling Center. I am very pleased that you have chosen me as your counselor. This statement is designed to inform you about my credentials and to help you better understand the counseling relationship.

Qualifications: I earned a Bachelor's Degree in Psychology from Louisiana Tech University in 1994 and a Master's degree in Counseling from Louisiana Tech University in 1996. I became licensed as an LPC (#2898) in 2005 with the LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS, 8632 SUMMA AVENUE, SUITE A, BATON ROUGE, LOUISIANA 70809 TELEPHONE (225) 765-2515.

Counseling Relationship: I see counseling as a process in which you, the client, and I, the counselor:

- Develop a safe environment of mutual trust and understanding
- Explore and define present situations and needs
- Identify goals for an improved life
- Work during sessions and through outside homework assignments towards realizing those goals.

Areas of Expertise: I have a general practice and I provide therapy for individuals, couples, and families. My experience and training includes working with a variety of life issues including marital and relationship difficulties, divorce and recovery, mental and emotional health issues such as depression and anxiety, panic attacks, addictions, trauma, family and parenting issues, grief, and aging. I have specialized training and experience in helping individuals recover from all types of trauma including domestic violence and sexual abuse. I have completed training in EMDR (Eye Movement Desensitization and Reprocessing) which is a research supported and highly effective therapy used to decrease symptoms related to PTSD but is useful in effectively treating many other types of problems as well.

Fee Scale: The fee for services is $75 for a 50-minute session but can be adjusted based on the client's income. Sessions with parents to discuss progress of a minor child will be charged at the regular hourly rate including telephone and written communications. Payment for services is due at the time of visit and should be made to LBCH (Louisiana Baptist Children's Home). Cash, personal checks, credit or debit cards are accepted forms of payment. Payments can also be made online by accessing the website www.granberrycounseling.org and clicking on the "Make a Payment" tab. We will be happy to bill your insurance company for you should you decide to use insurance, however we do not accept Medicaid or Medicare. If your insurance company fails to pay, you are the responsible party for payments. You will be charged for appointments not canceled within twenty-four hours of the scheduled appointment time.

Appointments: Counseling sessions can be scheduled or cancelled by calling 318-953-6939 and leaving a voice mail message. Please call during business hours if possible. If you have any questions or concerns, you may leave a voice mail message and I will be return your call as soon as possible within 24 hours. For emergency calls, please refer to the **Emergency Situations** section below.

Clients Served and Services Offered: I counsel adults, adolescents, and children above the age of 8. I use an eclectic approach utilizing a number of best-practice counseling theories tailored to meet an individual's needs and goals. These include cognitive behavioral, client-centered, solution-focused, systemic, and EMDR among others. I believe strongly that young children benefit most from play therapy or trauma-focused cognitive behavioral therapy (TF-CBT). I respect the client's right to choose whether or not to seek spiritual solutions to issues. As a Christian, I believe that true faith in Christ is foundational to healing, strong satisfying relationships, and a purpose-filled life.

I believe the counseling process to be a collaborative effort between the client(s) and therapist in order to identify and prioritize problems, set realistic goals, and move towards resolution of the problem(s). Since individuals are greatly affected by their environment and by family relationships, whenever appropriate I encourage involvement of the family/support system in the therapeutic process. I work in a variety of formats, primarily individual, but including couples and families. I also conduct group therapy.

Code of Conduct: As a Licensed Professional Counselor, I am required by state law to adhere to the Code of Conduct for practice that has been adopted by the Louisiana Licensed Professional Counselors Board of Examiners. A copy of this Code of Conduct is available upon request.

Clients must make their own decisions such as marriage, separation, divorce, reconciliation, custody arrangements and visitation. I will assist the client(s) in processing these decisions, but my code of ethics does not allow me to advise a specific decision.

Privileged Communications: Materials revealed in counseling will remain strictly confidential with the following exceptions:

- The client signs a written release of information indicating informed consent of such release
- The client expresses intent to harm him/herself or someone else
- There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult
- 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 is possible.)
- In the event of marriage or family counseling, complete confidentiality is difficult to maintain and may be detrimental to progress. When confidentiality is requested by an adult client, every effort will be made to keep the material shared confidential from the client's spouse or other family members unless to do so would likely result in harm.
- Any material obtained from a minor client may be shared with that client's legal parents or guardian but unless possible harm to self or others is perceived, every effort will be made to

preserve the safety of the therapeutic relationship by maintaining confidentiality. If complete disclosure is the parent/guardian expectation, this must be addressed during the intake session.
- If using third party payment, such as insurance, you must sign a release of information disclosing diagnosis and treatment planning.

Emergency Situations: For emergency situations not requiring immediate response, clients may call me on my Granberry cell phone at 318-953-6939 during office hours (8:00am-5:00pm Monday through Friday) and indicate the situation. Appropriate actions will be taken to assist the caller. However, since I practice at more than one location, a prompt response may not be possible. Clients with emergencies requiring an immediate response should call 911 or go immediately to a local hospital emergency room.

Client Responsibilities: Clients are responsible to do the following:

- Pay the agreed upon fee by end of each session.
- Complete the entire Client Information form and Client Intake form.
- Read and sign this Declaration of Practice and Consent to Treatment form.
- Honestly and willingly work towards achievement of your counseling goals. Openly share any concerns you have regarding our sessions.
- Inform me if you are receiving or begin receiving counseling services from another mental health professional so that treatment can be coordinated in your best interest.
- Inform me in the event you feel you would be better served by another mental health provider. Your well-being is my priority and I will be happy to assist you with the referral process.

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. It is also important to provide me with a list of the medicines you are currently taking including over the counter medications and supplements.

Potential Counseling Risk: Please be aware that counseling poses potential risks. In the course of working together, additional issues may surface or existing issues may become more acute. As you experience growth and change throughout the therapeutic process, your relationships may be affected in ways you had not fully anticipated. Studies suggest therapy involving only one spouse can lead to the dissolution of the marriage instead of improving it. Please feel free to share any new concerns with me.

I look forward to working with you. Please sign below indicating you have read and understand the above information.

Professional Services Contract:

_____ (Name(s) of), hereinafter referred to as the Client, has this day retained Charlene Taylor, LPC of the Granberry Counseling Centers. It is expressly understood that Charlene Taylor has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Charlene Taylor shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors.

The Client agrees that all fees shall be due and paid at the time of treatment and the payments in arrears over two sessions will result in the cessation of therapy until the balance is made current. We, the undersigned therapist and client, have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered into voluntarily by the Client with competency and understanding and knowledge of the consequence.

Client(s) Signature(s):

_____ Date: _____

_____ Date: _____

Counselor's Signature
Charlene Taylor, LPC _____ Date: _____

For Minors only:

I, _____, give permission for _____
(Parent or Guardian) (Counselor)

to conduct counseling with:

_____.
(Name of minor child)

_____
(Relationship to minor child)