

## DECLARATION OF PRACTICES AND PROCEDURES

**Justin Kelly, Th.M, M.Div., LPC**

**Granberry Counseling Center**

**7200 Desiard St.**

**Monroe, LA 71203**

**(318) 345-8200**

**justin@lbch.org**

**Qualifications:** I earned a Master of Divinity in Counseling (Licensure Track) from New Orleans Baptist Theological Seminary in 2013 and a Master of Theology from New Orleans Baptist Theological Seminary in 2015. I am licensed as a LPC (LPC #5670) registered with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, (225) 765-2515.

**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 these goals.

**Areas of focus:** I have a general practice, but I focus on clients with marriage issues and premarital counseling. I am a Certified Prepare/Enrich Facilitator for pre-marital/marriage counseling. I am also a PREP marriage enrichment facilitator. I have worked in many different clinical settings, including three years in an acute inpatient hospital setting, which has given me extensive experience working with a variety of issues such as depression, anxiety, self-esteem, coping skills, grief, and trauma. I also have experience with extramarital affairs and communication problems in relationships.

**Fee scales:** The fee for services is \$75.00 per session but is adjustable based on the client's income. The fees are paid directly to LBCH (Louisiana Baptist Children's Home). Payment for services is due at the close of each session. Cash, checks, credit or debit cards are accepted forms of payment. Clients are seen by appointment only. Certain private insurances are accepted. For a complete list, please call our office at the top of this page. Medicaid and Medicare are not accepted.

Appointments are typically set at the close of each session. I have appointments available Monday through Friday. Appointments may be scheduled, rescheduled or cancelled by calling the number listed at the top of this page between 8:00am and 4:30pm 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.

**Services offered:** My approach to counseling is holistic, meaning I examine a person's physical, emotional, cognitive, social, financial, and spiritual health. I approach counseling from a systems view, and I draw from a number of different theories to meet the unique needs of my clients. I often 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 also may use solution-focused therapy which is goal-oriented and helps clients look for exceptions to their problems. For couples and families, I will often utilize structural, strategic, and emotionally focused therapy, depending on the needs of the clients. I work with clients in a variety of formats including individually, as couples, and as families.

**Code of conduct:** As a LPC, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available to you upon request.

**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 a dependent adult.
4. A court order is received directing the disclosure of information.

In the event of marriage and 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 I am unavailable to answer calls after normal office hours, you may leave a message on the voicemail, and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may seek help through hospital emergency facilities or by calling 911. The suicide hotline number is 1-800-273-8255. Glenwood Regional Medical Center can be reached at (318) 329-4525 for any mental health or psychiatric emergencies.

**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 the medications 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 new concerns with me.

I have read the Declaration of Practices and Procedures of Justin Kelly, Th.M., M.Div., LPC and my signature below indicates my full informed consent to services provided by Justin Kelly, Th.M., M.Div., LPC.

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Client Signature

Date

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Justin Kelly, Th.M., M.Div. LPC

Date

**Parent/Guardian Consent for Treatment of a Minor:**

I, \_\_\_\_\_, give my permission for Justin Kelly, Th.M., M.Div., LPC  
(Name of parent or legal guardian)

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

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Signature of parent or legal guardian

Date