

Declaration of Practices and Procedures

1. **Name:** Belinda Kent Edwards, M.A., LPC, LAC
Place of Employment: Granberry Counseling Centers
620 South 3rd Street
Leesville, LA 71446

2. **Qualifications:** I earned a MA degree from Northwestern State University in 2007. I am a licensed professional counselor, License No. 4090, registered with the LPC Board of Examiners which is located at 11410 Lake Sherwood Avenue North, Suite A, Baton Rouge, LA 70816 (phone 225/295-8444).

3. **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. It is important to the success of your therapy that you assume responsibility for your part in the therapeutic process.

4. **Areas of Expertise:** I focus my practice on clients with Co-Occurring Disorders. In addition to being licensed as a professional counselor, I hold a national certification as a National Certified Counselor, #232419, (NCC). I am a Certified EMDR Therapist. Scientific research has established EMDR as effective for post-traumatic stress. EMDR therapy has also been reported by clinicians to successfully treat other conditions such as early attachment trauma and pain.

5. **Fee Scales:** As an employee of GRANBERRY COUNSELING CENTERS, I do not charge separate fees for my services rendered on your behalf.

6. **Services Offered and Clients Served:** I approach counseling from a cognitive-behavioral perspective. I work with clients in a variety of formats, including individually, as couples and as families. I conduct group therapy. I see clients of all ages and backgrounds except that I do not work individually with children under six years of age. My theoretical orientation is derived from choice theory and I am a practicing reality therapist.

7. **Code of Conduct:** As a Licensed Professional Counselor, I am required by 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 to you upon request. Should you wish to file a disciplinary complaint regarding my practice as a LPC/LMFT, you may contact the Louisiana LPC Board of Examiners.

8. **Privileged Communication.** Information revealed in counseling will remain strictly confidential with exception to 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 a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult, or 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.

Throughout the process of family therapy, information obtained from an adult client individually may be shared with the client's spouse or other family members only with the client's written permission. Any information obtained from a minor child may be shared with the client's parent of guardian.

9. Emergency Situations. If an emergency situation should arise, you may seek help through hospital emergency room facilities or by calling 911. You may also contact the National Suicide Prevention Lifeline at 1-800-273-8255.

10. Client Responsibilities: You, the client, are a full partner in counseling. 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 we can make necessary adjustments. If we determine 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.

11. 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 and provide a list of all medications that you are presently taking.

12. Potential Counseling Risk: The client should be aware that counseling poses potential risks. In the course of working together, additional problems may surface which you, the client, were not initially aware. If this occurs, client should feel free to share these new concerns with me.

13. I have read and understand the above information.

Client signature: _____ Date: _____

Counselor signature: _____ Date: _____

PARENTAL CONSENT: I, _____, give permission for Belinda Kent Edwards to conduct counseling with my minor son/daughter, _____.

Parent or Legal Guardian