Declaration of Practice and Procedures

Kellie Rogers, MSW, LCSW-BACS

Granberry Counseling Center

1250 MacArthur Drive

Alexandria, LA 71463

Office (318) 623-1711 Cell (318) 229-2339

Qualifications: I earned a Master in Social Work Degree from Louisiana State University in Baton Rouge, Louisiana in 1999. Prior to that, I earned a Bachelor in Social Work Degree from Louisiana College in Pineville, LA in 1997. I am a Licensed Clinical Social Worker (#5847) and a Board Approved Clinical Supervisor. Social Workers are licensed through the Louisiana State Board of Social Work Examiners, 18550 Highland Road, Suite B, Baton Rouge, LA 70809, (225) 756-3472.

Areas of Expertise: I have over 16 years of experience counseling individuals, couples, families, and groups. I work with people of all ages including children, adolescents, and adults. Common issues that are addressed in counseling are: stress, adjustment issues to a life change or crisis, depression, anxiety, ADHD, mental illness, family conflict, marital problems, parenting issues, behavior problems, trauma, spiritual issues, anger, sleep difficulties, adoption issues, PTSD, grief, phobias, addiction, personal growth, job stress, sexual assault issues, and communication.

Professional Memberships: National Association of Social Workers

Counseling Relationship: The relationship between the counselor and the client is based on respect, professionalism, openness, and safety. Counseling is a collaborative process in which counselor and client work together on mutually agreed upon goals.

Fees: The fee per session is $90. Sessions range from 45 to 60 minutes. Fees are paid directly to LBCH (Louisiana Baptist Children's Home) and are due at the time of the session. Sliding scale fees are available based on income and documentation to verify need. I am in network with various insurance companies. Cancellation Policy: no fee will be charged for sessions that are cancelled at least 24 hours in advance. A no-show fee in the amount of your regular session fee will be charged when clients do not cancel or reschedule 24 hours in advance.

What to Expect from Counseling: The goal of counseling is for the client to make the change necessary so that his/her presenting problems no longer interfere with their ability to function in multiple areas of life including work, family, health, and overall well-being. The overall objective for counseling is the successful resolution of the issues that are deemed the most important through the collaborative process between counselor and client.

Client Responsibilities: The counselor facilitates the change that the client has chosen; however, responsibility for change ultimately rests with the client. As we work together, if you have suggestions or concerns about your counseling, I invite you to share these with me so that we can make the necessary adjustments. Clients must make their own decisions regarding such issues as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

Also, if you currently have another counselor, you must first terminate with that counselor before I can offer you my services. 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. If it develops that you would be better served by another mental health professional, I will help you with the referral process.

Physical Health: It is suggested that you have a complete physical examination if you have not had one within the past year. It is common practice for clients to have a physical to rule out medical/physical issues that may be contributing to current symptoms. Please list any medication you are presently taking in the attached intake form.

Potential Benefits and Risks of Counseling: The counseling process may be immensely advantageous for some clients, while there are instances in which individuals experience feelings of sadness, fear, anger, anxiety, or guilt. Any time a person makes major life decisions, it is natural to experience disturbing thoughts and feelings. In fact, these thoughts and feelings are a crucial part of counseling, and therefore, act as a risk for some clients. As your counselor, I will do my best to equip you with effective coping skills to help you deal with distressing thoughts, memories, and feelings.

Other risks involved in the process include: remembering traumatic experiences, confronting distressing thoughts and/or beliefs, changing an individual's ability or desire to manage effectively and compatibly with other relationships, and possibly confronting those people. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, feel free to share these new concerns with me.

Emergency Situations: I do not provide 24-hour emergency services. However, in most cases, I am available by phone (318) 623-1711 or (318) 229-2339. When I am not available, please leave a message including name and phone number and I will return your call as soon as possible. If you are unable to reach me and you have an emergency, call 911, the Crisis Line at 225-924-3900, or go to the nearest Emergency Room. You may also call the main office, Granberry Counseling Center in Monroe, at 1(877) 345-7411.

Confidentiality: All of our sessions will be confidential to persons outside of the counseling setting. Confidentiality will be encouraged in marital, family and group counseling sessions, but I do not guarantee confidentiality among participants of the counseling session.

In addition, information may be released, in accordance with the state law, only when (1) you sign a written release of information indicating informed consent to such release; (2) you express serious intent to harm yourself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elder person (60 years or older), or dependent adult; or (4) a court order is received directing the disclosure of information. It is my policy to assert either (a) privileged communication in the event of # 4 or (b) the right to consult with clients, if at all possible, barring an emergency, before mandated disclosure in the event of # 2 or # 3. Although I cannot guarantee it, I will endeavor to inform clients of all mandated disclosures.

Code of Ethics/Conduct: I am committed to professional and ethical practice with my clients. I follow the code of ethics published by the National Association of Social Workers Code of Ethics for Licensed Clinical Social Workers and I am required by law to adhere to NASW Code of Ethics. Copies of this code are available upon request.

Questions: You may have questions about me, my qualifications, or anything not addressed in the previous paragraphs. It is your right to have a complete explanation for any of your questions at any time.

Counseling Contract/Informed Consent: I have read and understand the above information. My signature indicates my fully informed consent to treatment and my understanding of the limits to confidentiality for services provided by Kellie Rogers LCSW-BACS.

Client's Signature(s):_____ Date: ____/____/_____

_____ Date: ____/____/_____

Counselor Signature: _____ Date: ____/____/_____

Parental Authorization for Minors: As a parent, I understand that I have the right to information concerning my minor child in counseling, except where otherwise stated by law. I also understand that Kellie Rogers, LCSW-BACS believes in providing a minor child with a private environment to facilitate counseling. I, _____, therefore, give permission for Kellie Rogers LCSW-BACS, to use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with me and to conduct counseling with my (relationship) _____, (name of minor)

_____.

Parent/Guardian Signature _____ Date: ____/____/_____