

## **Granberry Counseling Centers**

**Orlando Madrid, M.A., MDIV**

Location # 1 - 5011 Jackson Street

Alexandria, LA 71303

Location # 2 - 620 South 3<sup>rd</sup> Street

Leesville, LA 71446

(318) 355-1067

### **Declaration of Practices and Procedures**

**Qualifications:** I received a Masters of Arts in Clinical Mental Health Counseling from Liberty University and a Master of Divinity with Biblical Languages. I am Provisional Licensed Professional Counselor (PLPC) PLC9598 and hold a provisional license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225) 295-8444. The Louisiana LPC Board of Examiners has approved Kathy Eichelberger, D. Min, LPC-S, #4310 as my LPC Board-Approved Supervisor. Dr. Eichelberger is licensed with the Louisiana LPC Board as a Licensed Professional Counselors (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

**Counseling Relationship:** I view the counseling relationship as a process and as a collaborative effort between you, the Client, and me, the counselor, where respect and mutual trust are formed and founded. You and I will jointly work to define and understand the present problem, identify the goals of counseling, and work together to realize those goals.

**Areas of Focus:** My counseling training plus experience provide me with abilities to counsel individuals and couples dealing with marital issues, family issues, stress, depression, anxiety, and abuse in an outpatient setting. I am a licensed minister since 2001 with pastoral experience (pastoral and chaplaincy) which enables me to counsel clients with spiritual issues.

**Fees and Office Procedures:** My services are by appointment only. Appointments are typically set at the close of each session. I have morning and afternoon appointments available on Tuesday (Leesville), Wednesday (Alexandria) and Thursday (Alexandria). Appointments may be scheduled, rescheduled or cancelled by calling 318-355-1067. Because the appointment is reserved for you, failure to provide 24-hour notice of cancellation generally means that some other person is not able to use that appointment time. Clients who fail to give a 24-hour notice of their need to cancel or reschedule an appointment will be charged a no-show fee, except in the case of an emergency.

The length of the counseling hour is approximately 55-60 minutes.

It is difficult to predict the number of sessions to maximize counseling. I will be able to make a better assessment of the number of sessions needed after our initial consultation and after I have identified and gained insight into the client's situation.

Both client and counselor will mutually agree upon the number of sessions to be provided in counseling. An assessment will be made at the end of the mutually agreed upon sessions to determine if further counseling is needed. Any further counseling sessions will be mutually agreed upon by both client and therapist at that time.

The standard fee for services is \$90.00 per session. We offer a sliding scale of fees based on client's income when needed. Information concerning fees, payment requirements and insurance payments is included on my fee schedule. Payment for services is due at the close of each session. Payment for services can be made online at [Granberrycounseling.org](http://Granberrycounseling.org), payments can be text (please see the Granberry website for directions), or checks made payable to LBCH (Louisiana Baptist Children's Home). Cash, personal checks, credit or debit cards are accepted forms of payment.

**Services Offered and Clients Served:** My counseling orientation will be tailored to the client, based upon the nature of the defined problem. I draw from the following therapeutic approaches: cognitive, behavioral, family counseling, solution-focused, reality, and reconciliation focused therapies. I provide counseling for individuals, couples, and families via in person and through telehealth therapy. I work primarily with adults and older adolescents. I am a Christian counselor and approach counseling from a Christian worldview. I will not demand that you, the client, accept my Christian worldview in order to continue counseling, but understand that I approach counseling from a Christian perspective. If the client has experienced trauma in their past, I prefer to use EMDR (Eye Movement Desensitization and Reprocessing) as the model for change, if the client is willing.

**Code of Conduct:** As a PLPC, I am required by law to adhere to the Code of Conduct for practice as a PLPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners and the National Board of Certified Counselors (NBCC). A copy of the Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners.

**Confidentiality:** The Client/counselor relationship is one of mutual trust and respect. Because I value trust and respect, information discussed in our sessions will remain confidential. However, I may be required to disclose confidential information discussed in sessions in 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.
4. A court order is received directing the disclosure of information,
5. An insurance provider requests case notes to assess the necessity for and benefits of services.

When working with a family or couple, information shared by individuals in sessions, where other family members are not present, must be held in confidence (except for the mandated exceptions already mentioned) unless all individuals involved sign written waivers at the onset of counseling. Clients may refuse to sign such a waiver, but should be advised that maintaining confidentiality for individual sessions during couple or family counseling could impede or even prevent a positive outcome to counseling. If an impasse results from such confidentiality, referral to another therapist may result.

If a release of information is requested, information for one client cannot be released unless all clients in the counseling unit sign the release.

Granberry will store, safeguard, and dispose of client records in such a way as to maintain confidentiality and in accordance with applicable laws and professional standards.

**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 emergency, before mandated disclosure. I will seek to apprise clients of all mandated disclosures as conceivable.

**Emergency Situations:** Louisiana Baptist Children's Home & Family Ministries is an outpatient counseling service. Therefore, I do not provide 24-hour emergency services. If an emergency should arise, you may leave a message for me at (318) 355-1067. If you are unable to reach me in an emergency situation, you may seek help by calling 911, going to the nearest hospital emergency room, or calling the Crisis Line is (225) 924-3900.

**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.

I expect you to inform me of your general physical health and any medical treatments that may impact your counseling, as well as any medications you are taking.

Part of the counseling process involves the Client putting into practice ideas that we mutually agree will be beneficial for helping the client improve their situation. I expect the client to faithfully attempt to implement and follow through with any outside work assigned during counseling sessions. Success in counseling will be greatly diminished unless the client is willing to practice what is discussed in counseling in their everyday environment.

**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. You will be asked the name of your physician and to list any medications that you are currently taking, as a routine part of the initial session.

**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 concerns with me. Changes in relationship patterns that may result from family counseling may produce unpredicted and/or possibly adverse response from other people in the client's social system. A result of family counseling may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the counseling relationship.

**Please Ask Questions:** You may have questions of 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. Please exercise this right.

**Professional Services Contract:** (Print name) \_\_\_\_\_, herein referred to as the "client", has this day retained Orlando Madrid, M.A., M.Div., PLPC, to provide individual counseling and/or family counseling. I have read and understand the above information and my signature below indicates my full informed consent to services provided by Orlando Madrid, PLPC, M.A.

It is expressly understood that Orlando Madrid, M.A., M.Div., PLPC, has not issued and will not issue any guarantee of cure, treatment effects, or number of sessions necessary.

It is further understood that Orlando Madrid, M.A., M.Div., PLPC, shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors. Neither, Orlando Madrid, PLPC, M.A., M.Div., nor the Louisiana Baptist Children’s Home & Family Ministries, shall be held to any special or elevated standard of care.

**We, the undersigned PLPC and client, have read, discussed together, and fully understand this agreement and the stated policies. 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 agree to honor these policies and will respect one another's views and differences during counseling. This agreement is entered into voluntarily by the client with competency and understanding and knowledge of consequence.**

Client’s Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Counselor’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
Orlando Madrid, PLPC, M.A., M.Div (PLPC #PLC9598)

**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 Orlando Madrid, M.A., M.Div., PLPC believes in providing a minor child with a private environment to facilitate counseling. I, \_\_\_\_\_, therefore, give permission for Orlando Madrid, M.A., M.Div., PLPC, to use his 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 \_\_\_\_\_