

Declaration of Practices and Procedures:

Abbie McCall, M.A., PLPC
Granberry Counseling Center
10560 Airline Hwy.
Baton Rouge, LA 70816
Phone: (225) 590-3233

Qualifications: I have a B.A. from Mississippi University for Women in Psychology and a M.A. in Marriage and Family Counseling from New Orleans Baptist Theological Seminary. I am a Provisionally Licensed Professional Counselor (PLPC) #PLPC8648 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 Board of Examiners has approved Brooke Osborn, M.A., LMFT #1217, LPC-S #4925, 3939 Gentilly Blvd., New Orleans, LA 70126 (504-282-4455 ext. 3325) as my LPC Board-Approved Supervisor. Dr. Osborn is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPC's obtaining supervised experience hours needed to become fully licensed as a LPC in the State of Louisiana.

Counseling Relationship and Expectations: The vital part of the counseling relationship is trust between the client and the PLPC. As the PLPC, I would like to advocate, support, educate, and empower all members or individuals in the counseling session.

Areas of Focus: I focus on individuals and families across the lifespan experiencing mental health issues with an interest in trauma. I am trained in EMDR, Prepare and Enrich, Seeking Safety, CBT, TBRI, and trauma counseling.

Fees and Office Procedures : Please notify the PLPC of the client's absence within at least 24 hours before the expected session. Information concerning fees, payment requirements, missed appointments and insurance payments is included on my fee schedule. It is difficult to predict how many sessions will be required for therapy to be maximally effective. I will better be able to discuss the probable number of sessions after we have explored and gained insight into your particular situation. The fee for services is \$90 for a 50 minute session, but is adjustable based on client's income. Payment for services is due at the time of visit. Checks made payable to LBCH (Louisiana Baptist Children's Home). Cash, personal checks, credit or debit cards are accepted forms of payment. As a PLPC, I may not accept payment for services directly and I am unable to charge for insurance coverage. The fee for court appearances is \$900 a day.

Services Offered and Clients Served: I approach my counseling session with a person-centered and holistic approach. I strive to serve all clients, whether in a group, individual, or in a

family setting to the best of my ability. I strive to provide hope for clients struggling with traumatic situations to empower them to overcome their struggles. I strive to provide a safe space for clients to explore emotional and interpersonal difficulties, empowerment, education, and support to the client to get them to the goal they wish to achieve.

Professional Code of Ethics: As a PLPC, I am required by state law to adhere to the Code of Conduct for practice adopted by the Louisiana Professional Counselor Board of Examiners. Copies of the Code of Conduct are available and can be provided 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: Material revealed in counseling will remain strictly confidential except for material shared with my Board-Approved Supervisor and 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 dependent adult.
4. A court order is received directing the disclosure of information.
5. In the case of marriage or family counseling material may be shared with other members of the family or the spouse with permission from the client.

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.

Emergencies: The primary phone number to call is Granberry Counseling Center number which is (225)-335-6445. When I am unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. In case of immediate emergency please call 911 or the hospital emergency room.

Client Responsibilities: As the client, you are a full partner in this counseling relationship. I expect you to be open with me as the PLPC, therefore if you have any concerns or questions about how our counseling sessions are being performed please inform me. If I determine that you would be better served by another mental health provider, I will help you with the referral process. I expect you to inform me if you are seeing another mental health care provider and allow me permission to share information with this individual on your behalf.

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. As a routine part of the initial session, you will be asked the name of your physician, and to list any medications that you are now taking. PLPC should be informed of any future changes in medication as well.

Potential Risks of Counseling: While working together, other problems may arise that you were not necessarily aware of. If this occurs, please feel free to share your concerns with me.

I have read the Declaration of Practices and Procedures of Abbie McCall, M.A., PLPC, and my signature below indicates my full informed consent to services provided by Abbie McCall, PLPC. I am aware that Mrs. McCall may share information with Brooke Osborn for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Abbie McCall, M.A., PLPC, may be audio or videotaped for the purpose of supervision.

Client Signature _____

Date _____

Printed Client Name _____

Date _____

Parent/Guardian Signature _____

Date _____

Print Parent/Guardian Name _____

Date _____

Counselor Signature _____

Date _____

Printed Counselor Name _____

Date _____

Supervisor Signature _____

Date _____

Printed Supervisor Name _____

Date _____