



Jacquetta Davis M.S., LPC

Hope & Healing Counseling
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DECLARATION OF PRACTICES AND PROCEDURES

The purpose of this document is to inform you about certain basic aspects of the counseling relationship I hope to establish. Since therapy is conducted in numerous methods, this declaration is designed to inform you of my qualifications and how I view the therapeutic process. This information should help you make an informed decision regarding your therapy. Please read it carefully and signify your understanding by signing below in the space provided.

Qualifications: I earned a Master of Science in Counseling Psychology from Louisiana State University – Shreveport in 2012. I am a Licensed Professional Counselor #5769 registered with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave. North, Suite A, Baton Rouge, LA 70816, (225) 295-8444.

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, overcome barriers, and develop future goals for an improved life and work in a systematic fashion toward realizing those goals.

Areas of Focus: I focus on adults with trauma, substance abuse issues, depression, anxiety, grief issues, relational issues, anger management, and chronic mental illness. I also work with children and adolescents with trauma, anger issues, behavioral problems, anxiety/stress, depression, and grief.

Fees and Office Procedures: Appointments are usually scheduled at the close of each session. I have morning and afternoon appointments available Monday through Friday. Clients will be charged for appointments that are broken or canceled without 24-hour notice. Excessive no shows, cancellations, or reschedules on the part of the client could result in referral or the requirement of payment before the next session. (Please see attached Financial Agreement and No Show/Late Cancellation Policy for full explanation) On rare occasion, if there is what we determine to be a true, absolute, unavoidable emergency you may discuss this with your therapist, and we may consider waiving the fee.

Our standard fee is \$160 per 60 min session; however, fees are based on the services provided and are often determined by a pre-negotiated rate with your insurance provider. It is our goal to make counseling services available to all who need them. We accept in and out of network insurance plans, self-pay, and sliding scale.

A sliding scale basis will be considered depending on income level and need. Payment made be made by debit/credit card, cash, or check written to Hope & Healing Counseling. Please review our Financial Agreement for additional information.

Services Offered and Clients Served: I take an integrative psychotherapy approach to counseling including various modalities. These include Motivational Interviewing, Cognitive Behavioral Therapy, Emotional Focused Therapy, Solution-Focused, and various others. Clients can expect to do homework and practice new skills outside of counseling sessions. I provide therapy for individuals, groups, couples, and families without regard to gender, religious belief, financial status, life circumstances, or race. I work with clients of all ages and backgrounds.

Code of Conduct: As an LPC, 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 each Code of Conduct is available to you upon request.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my 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.

In the event of marriage or 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 verbal/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: Hope & Healing Counseling is not an emergency services agency. We do not provide emergency services. If you have a life-threatening emergency, you should call 911 or go to the hospital of your choice. Only contact us in an emergency after you have already obtained emergency assistance from 911 or your choice of medical support. If a medical or psychiatric emergency should arise, the following options are available:

- Call Brentwood Hospital (318-222-6226) or proceed to their location at 1006 Highland Avenue, Shreveport, LA.
- Call Willis Knighton Behavioral Health (318-212-5200) or proceed to their location at 2510 Bert Kouns Ind Loop, Shreveport, LA.
- Call Louisiana State University Health Sciences Center (318-675-5000) or proceed to their location at 1501 Kings Hwy, Shreveport, LA.

- Proceed to the nearest emergency room.
- Call your local police (911) for immediate assistance.

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 at any point it is determined that you would be better served by another mental health provider, I will help you with the referral process and help to make the transition as smooth as possible. If you are currently receiving services from another mental health professional, please 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 any medications that 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 concerns with me.

I have read the Declaration of Practices and Procedures of Jacquetta Davis M.S., LPC and my signature below indicates my full informed consent to services provided by Jacquetta Davis M.S., LPC.

Client Signature _____ Date _____

Jacquetta Davis _____ Date _____

For Minor clients, parents/guardians will need to complete the following:

I, _____, give permission for Jacquetta Davis to conduct counseling with (client name) _____, my (relationship) _____.

Parent/Guardian Signature _____ Date _____