



Jacquelyn Kirby, MS, LPC-S, NCC

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 my therapy practice. 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 in Shreveport in May 2011. I am a Licensed Professional Counselor – Supervisor (LPC-S) #5034 and hold a license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave North Suite A, Baton Rouge, LA 70816 (phone 225-295-8444).

Counseling Relationship: I believe that through honesty, trust, mutual respect, and collaboration I can help foster positive changes in your life. It is important to me that I give each of my clients my honesty, my empathy, and my unconditional positive regard. I will work with you to help explore problems, strengths, and goals, and to begin moving toward a happier and more productive life. I will help you clearly identify your needs, fears, or concerns and assist in discussing effective options and their potential consequences.

Areas of Focus: I focus on adults with trauma, substance abuse issues, depression, anxiety, grief issues, and chronic mental illness, as well as children and adolescents with trauma, anger issues, behavioral problems, anxiety/stress, depression, and grief. I am an EMDR Provider, Certified Clinical Trauma Professional, Certified Child & Adolescent Trauma Professional, Compassion Fatigue Treatment Professional, and Anger Management Treatment Professional.

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 a 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 occasions, 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.

My 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. Our goal is to make counseling services available to all who need them. We accept in and out-of-network insurance plans, self-pay, and sliding scales.

A sliding scale basis will be considered depending on income level and need and will be processed through application to Open Path. 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, Eye Movement Desensitization and Reprocessing, Emotional Focused Therapy, Internal Family Systems, 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-S, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available to you upon request. If at any time you believe that I am acting unethically, or you are in any way dissatisfied with my services, please let me know. Should you wish to file a disciplinary complaint regarding my practice as an LPC-S, you may contact the Louisiana LPC Board of Examiners.

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 to 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 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.

Expectations of the Client: Please inform me if you are seeing another therapist or if you plan to seek additional assistance from another counselor. You, the client, are a full partner in counseling. Your honesty and effort are 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 that we can make the necessary adjustments. If it develops that you would be better served by another mental health provider, I will help you with the referral process. I have the expectation that you will make your own choices about marriage, divorce, cohabitation, child custody issues, and/or other major life decisions seeing me as a collaborator only. Please keep me up to date on the changes in your life that may impact counseling and your welfare. Please notify office personnel of your insurance coverage, provide a copy of your insurance card, sign any insurance forms and please comply with any requirements made by your insurer.

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. Please inform me of any medications that you are currently taking.

Potential Counseling Benefits and Risks: It is my hope that counseling will help you move toward your desired goals. As you move through the counseling process, it is possible that you may uncover additional issues of which you were unaware before counseling. Changes in your thinking and feelings can lead to changes in your relationships.

I have read the Declaration of Practices and Procedures of Jacquelyn Kirby, MS, LPC-S, NCC and my signature below indicates my full informed consent to services provided by Jacquelyn Kirby, LPC-S, NCC.

Client Signature _____ Date _____

Jacquelyn Kirby, MS, LPC-S, NCC _____ Date _____

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

I, _____, give permission for Jacquelyn Kirby, MS, LPC-S,
NCC to conduct counseling with (client name) _____,
my (relationship) _____.

Parent/Guardian Signature _____ Date _____