



Margaret M. Brace-McKellar, M.A., M.S., MAC LPC-S

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 Arts degree from Louisiana Tech University in 1993 and a MS degree from Grand Canyon University in 2012. I am licensed as a LPC -S # 5599 registered with the LPC Board of Examiners located at 11410 Lake Sherwood Ave North Suite A, Baton Rouge, LA 70816 (225-295-8444).

Counseling Relationship: I define the counseling relationship as a collaborative process between the Counselor and client, where the Counselor creates an understanding and accepting environment in which the client can share their concerns, and together the two can define the problem, generate goals, and work to improve the client's life and functioning.

Areas of Focus: I work with children, adolescents, young adults and families individually and in groups. In addition to being a Licensed Professional Counselor in Louisiana, I also hold a national certification as a Master Addiction Counselor (MAC) #511197. I am also a Trust-Based Relational Interventions Facilitator.

Fee and Office Procedures: Appointments are usually scheduled at the close of each session. I have morning and afternoon appointments along with teletherapy sessions available Monday through Saturday. 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. 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 you 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 Jacquelyn Kirby Counseling & Consulting, LLC.

Services Offered and Clients Served: I take an integrative psychotherapy approach to counseling including various modalities. These include Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Emotional Focused Therapy, Internal Family Systems, Trauma Focused Cognitive Behavioral Therapy, Trust-Based Relational Interventions 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 a Licensed Professional Counselor, I am required by state 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 a LPC, you may contact the Louisiana LPC Board of Examiners.

Confidentiality: Materials 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 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.

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 only with the client's permission. Any material obtained from a minor client may be shared with that client's parents 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 conceivable.

Emergency Situations: If a medical or psychiatric emergency should arise, the following options are offered:

- 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: 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 is 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 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. Also, please provide me with a list of any medications you are currently taking.

Potential Counseling Risk: The client should be aware that counseling poses potential 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. If this occurs, you should feel free to share these concerns with me.

Digital Communication and Technology Agreement: As per the certification requirement of the LPC Board, I have taken the continuing education necessary to utilize telemental health services in my practice. At the beginning of each session, we will assess for safety, security, and comfort in your environment. Online sessions will be conducted through a platform that is HIPAA compliant and I have signed the required Business Associate Agreement (BAA) with this company.

This agreement supplements previous informed consents.

I have read the Declaration of Practices and Procedures of Margaret M. Brace McKellar, M.A., M.S., MAC, LPC-S and my signature below indicates my full informed consent to services provided by Margaret M. Brace McKellar, M.A., M.S., MAC, LPC-S.

Client Signature _____ Date _____

Margaret M. Brace McKellar _____ Date _____

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

I, _____, give permission for Margaret M. Brace McKellar to conduct counseling with (client name) _____, my (relationship) _____.

Parent/Guardian Signature _____ Date _____