

Baton Rouge Counseling Associates, LLC
Anne S. Hays
 Licensed Professional Counselor
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Declaration of Practices and Procedures

Thank you for the opportunity to serve you. This handout is intended to provide you with the information needed so that you can make an informed decision concerning my services.

The Counseling Relationship: It is my desire to promote a warm and trusting atmosphere in which you feel free to examine patterns of relating that are causing you concern. I will work with you to define the problems you are encountering, understand your perspective, explore possibilities and generate specific goals to improve your life situations and the relationships which are affected.

Through the investigation of unfruitful patterns of thought, behavior, mood and relationships, you may choose to explore alternative methods of thinking and behaving. I see my role as that of assisting the client, couple, family or group through the immediate problem. Then I endeavor to help them find alternative ways of viewing situations, followed by new ways of coping.

I am a Christian counselor and use Scripture and prayer where appropriate. I will never impose belief systems on the client that he/she is in any way uncomfortable with or opposed to.

Clients must make their own decisions regarding marriage, separation, divorce, reconciliation and setting up custody and visitation. I will help the client think through the possibilities and the consequences of decisions, but my Code of Ethics does not allow me to advise the client to make specific decisions.

Termination of the counseling relationship will occur when the desired goals have been reached, the client chooses terminate, basic policies have been broken, or it becomes evident that the client should continue therapy with another counselor due to therapeutic deadlock or the need for increased specialization.

Qualifications: I hold a Masters Degree in Community Counseling from Louisiana State University. I hold license #4198 and am a Licensed Professional Counselor. I am a Nationally Certified Counselor (NCC)

I am a member of the American Counseling Association.

Areas of Expertise: My areas of expertise include individual, marriage and family counseling. I also work with adolescents and their families. Areas of concern that may be addressed but are not limited to: depression and anxiety issues; communication skills; relationship issues; family of origin issues; parenting skills; and self-esteem issues.

Session Fees: Fees are due at the beginning of each session. My fee is \$95 for a 50 minute session. A session for an individual or couple that lasts 1.25 hours is charged at a rate of \$118 and a session that lasts 1.50 hours in length is charged at a rate of \$142. Payment can be made via check, cash or credit/debit card. Please make checks out to "Counseling Toward Maturity LLC". If you pay with debit/credit card there will be a 3% convenience fee charged to the session fee.

Cancellations: If you must cancel a session, please contact me at least 24 hours in advance. If no contact is made 24 hours in advance you, will be charged a fee of \$35.

Insurance: I do not take insurance, although I'm very willing to fill out forms from your insurance company for you to submit.

Therapeutic Services Offered and Clients Served: Individual, marriage and family counseling is available. Counseling children is usually available within the context of family counseling. I tailor treatment to best fit your needs. I use an eclectic (choosing from a variety of therapies and sources) type of format. I draw from the following therapies: cognitive-behavioral (exploring how the way you think affects the way you act.); brief psychodynamic (investigating the inner forces driving difficult emotions or behaviors); and person-centered (which stresses listening and valuing the client's perspective). I ascribe to the Psycho-spiritual model of counseling in that I seek to work cooperatively with the Holy Spirit toward ongoing healing and renovation of all aspects of the soul of the individual.

Physical Health: It is suggested that the client have a complete physical examination if he/she has not had one within the past year. Also, please list any medication(s) you are presently taking on the attached form.

Code of Conduct: Services are provided in accordance with Code of Ethics for Licensed Professional Counselors. A copy of this Code of Conduct and Ethics can be obtained on the LPC Board of Examiner website (www.lpcboard.org/rules). At any time you are dissatisfied with my services, please let me know and I will try to address your concerns.

Privileged Communication/Confidentiality: Information shared in therapy sessions will remain strictly confidential, except information shared under the following situations mandated by state laws:

- You sign a written consent or waiver of information indicating informed consent of such release.
- You express clear and imminent intent to harm yourself or someone else.
- There is reasonable suspicion of elder (age 65 or older), dependent adult or child abuse/neglect.
- If a court order mandates 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 written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

Emergency Situations: If an emergency situation should arise, you may call me at (225) 803-4077. I will return the call as soon as possible. State your name, phone number, and the nature of the emergency. If I am inaccessible, for whatever reason, call the Crisis Intervention Center (The Phone) at 924-3900 or go to the nearest hospital emergency room if warranted.

Telephone Consultations: I highly discourage telephone consultations. It is more effective to meet you face-to-face. If a phone consultation is the only available option, then I charge the usual rate of \$85. Phone calls at home should be on an emergency basis only. My home phone number is 225-751-9689.

Potential Counseling Risks: I must inform you that there is a risk in the process of mental health counseling, where a client realizes that he/she has additional issues which may not have surfaced prior to the onset of the counseling relationship. (For example in marital counseling-as one partner changes, additional strain may be placed on the marital relationship if the other partner refuses to work.)

Counselor/Client Contract:

_____ (Name[s]of client[s], herein after referred to as the Client, has this day retained Anne S. Hays to provide psychotherapy.

It is expressly understood that Anne S. Hays, LPC, has not and will not issue any guarantee of cure or treatment effect, number of sessions necessary or total cost of service. It is further understood that Anne S. Hays, shall be obligated to maintain a reasonable standard of care. Anne S. Hays shall not be held to any special or elevated standard of care.

The client agrees that all fees shall be due and paid at the time of treatment and the payment in arrears over two sessions will result in the cessation of therapy until the balance is made current. WE, the undersigned therapist and Client, have read, discussed together, and fully understand this agreement and the stated policies. WE agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another’s views and differences in their outworking. This agreement is entered into voluntarily by the Client with competency and understanding and knowledge of the consequence.

Client’s Signature _____ Date: _____

Anne Hays, LPC _____ Date: _____

In Case of Minors:

I, _____ give permission for Anne S. Hays to conduct
(Signature of Parent or Guardian)

Counseling with my _____, _____
(Relationship) (Full Name of Minor)

Date: _____