

DECLARATION OF PRACTICES AND PROCEDURES

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I am pleased that we will be working together. I am committed to helping you reach your goals in counseling. This statement is designed to inform you of my background and to ensure that you understand our professional relationship. After reading this document, please sign and date the last page.

Qualifications: I earned a Masters of Science degree in Counseling Psychology from the University of Southern Mississippi in 2004. I also hold a B.A. degree in Child and Family Studies from Louisiana Tech University in 1996. I am a Licensed Professional Counselor #4399 with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave North Suite A, Baton Rouge, LA 70816, 225-765-2515. Additionally, I am certified as a National Certified Counselor (#89434) through the National Board for Certified Counselors, 3 Terrace Way, Greensboro, NC, 27403.

Counseling Relationship: I view counseling as a place where you can express your thoughts and feelings in a safe and supportive setting. Engaging in the counseling relationship is an important step toward making life and particular issues more manageable. We will work as a team to explore and define present problems and set goals to improve your life.

I approach counseling from a strengths-based perspective, oftentimes, employing a variety of evidence-based therapeutic strategies such as cognitive-behavioral, solution-focused, family systems and play therapy. In my work with children and teens, I utilize developmentally-appropriate strategies to assess and treat a variety of issues.

Areas of Expertise: My areas of expertise include children, adolescents, young adults, and families. I see clients of all ages and backgrounds. Areas of concern that may be addressed include, but are not limited to: adoption, divorce care, grief, chronic illness, parent coaching, recovery from trauma (including extended or traumatic medical experiences), infertility and miscarriage, depression, anxiety, self-esteem, and social/relational issues.

Fees & Office Procedures: The fee for service is 140.00 per 50-minute session and is paid directly to Patti Dowling, LPC. Payment is due at the end of each session. I accept cash, checks, and credit cards (with a 3% convenience fee). I do not file claims for insurance company reimbursement, although I can provide diagnostic receipts directly to you, which you are welcome to use to file a claim with your insurance company.

Appointments are scheduled online at <http://pattidowlinglpc.genbook.com>. You may schedule, reschedule, or cancel appointments securely online. Appointments must be changed or cancelled 24 hours in advance. When making appointments online, you'll be required to input credit card information to secure the time slot. This credit card will only be charged for missed appointments, unless you'd like to use it to pay for services at the time of your appointment. Payment for the actual session will take place in person at the close of each session.

Code of Conduct: As a LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC that has been adopted by my licensing board, the LA Board of Examiners. A copy of the Code of Conduct is available to you upon request.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared 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 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: I am unable to answer calls after normal office hours. If it is not an emergency, you may leave me a message or email me. I will attempt to return your call or email the next business day. In an emergency situation when an immediate response is necessary, you may call the Crisis Intervention Center (The Phone) at 225.924.3900 or the Our Lady of the Lake Cope Team at 225-765-8900. You may also seek help through hospital emergency facilities or by calling 911.

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 counseling, I expect you to share these with me so that we can make the necessary adjustments. If we determine that you would be better served by another mental health care provider, I will help you with the referral process. If you are currently receiving services from another mental health care professional, I expect you to inform me of this and grant me permission to share information with this professional so 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 and to list any medications that you are currently taking.

Potential Counseling Risks: The client should be aware that counseling poses potential risks. In the course of working together additional problems may surface of which the client was not initially aware. If this occurs, the client should feel free to share these new concerns with me.

Professional Services Contract: It is expressly understood that Patti P. Dowling, MS, LPC, NCC has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service.

The client agrees that all fees shall be due and paid at the time of treatment.

I, the client, have read and fully understand this agreement and the stated policies.

Client Signature, Date: _____

Counselor Signature, Date: _____

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Patti P. Dowling, MS, LPC, NCC to conduct therapy with my _____ (relationship) , _____ (Name of minor)

Parent/Guardian Signature, Date: _____

