

Declaration of Practices and Procedures

Andrea Palmer, M.A., LPC, NCC
Baton Rouge Counseling Associates
10935 Perkins Road, Suite B
Baton Rouge, LA 70810
225-571-2425
andrea@brcounselingassociates.com

Qualifications: I earned a Master of Arts degree in Community Counseling from Louisiana State University in 2012. I am licensed as a LPC #5543 with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, 225-765-2515.

Counseling Relationship: I view counseling as a process in which you the client, and I, the Counselor work together to reach goals and improve skills that we have agreed upon. Through working as a team who trusts and respects one another, we strive to enhance your quality of life.

Areas of Focus: I concentrate on counseling children, adolescents, college students and adults. I am licensed as a LPC in Louisiana. I also hold a national certification as a National Certified Counselor (NCC#669397).

Fees and Office Procedures: The fee for counseling services as discussed by the counselor and client is paid directly to Andrea Palmer's LLC, Palmer Counseling LLC. Check, cash, and credit card is accepted. The payment is due at the close of each session. Payment not accepted from insurance companies.

Appointments will be discussed and set at the close of each session. I am available for counseling appointments Monday - Wednesday. If you need to cancel your appointment please give a 24-hour notice. If a 24-hour notice is not given for a cancellation or you do not show up for your session there will be a \$30 charge.

Services Offered and Clients Served: I primarily use a cognitive-behavioral approach to counseling. This includes exploration of patterns of thoughts and actions in order to better understand the clients' problems and to develop solutions. I am a Christian counselor and will integrate faith into counseling. I will work with clients on an individual basis and in family therapy. I see clients of all backgrounds ages five and older.

I am not a custody evaluator. I do not appear in court for custody hearings. My priority is the mental health of the client and for counseling to be a safe, neutral environment.

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 Louisiana LPC 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 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.

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: When I am unavailable to answer calls after normal office hours, you may leave a message on my answering machine, and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may call THE PHONE (225-924-3900). 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 your counseling, I hope you to share these with me so that we can make the necessary adjustments. If I determine that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to 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 Andrea Palmer, M.A., LPC, NCC and my signature below indicates my full informed consent to services provided by Andrea Palmer, M.A., LPC, NCC.

Client Signature _____ Date _____

Andrea Palmer, M.A., LPC, NCC _____ Date _____

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Andrea Palmer, M.A.,
(Name of parent or legal guardian)

LPC, NCC to conduct therapy with my _____,
(Relationship)

(Name of minor)

Signature of parent or legal guardian _____