



DECLARATION OF PRACTICES AND PROCEDURES

Tiffany Raley, M.A., PLPC
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(225) 384-0674

Qualifications: I earned a Masters of Arts degree in Marriage and Family Counseling from New Orleans Baptist Theological Seminary. I am a Provisional Licensed Professional Counselor (PLPC) #PLC6960 and hold a provisional license with the Louisiana LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809 (225-754-2501). The Louisiana LPC Board of Examiners has approved Kelli Hill, M.A., LPC-S, 27999 Old S Walker Rd., Ste. G., Walker, LA 70785 (225-217-2843) as my LPC Board-Approved Supervisor. Mrs. Hill is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

Counseling Relationship and Expectations of the Client: I see counseling as a process in which you the client, and I, the Provisional Licensed Professional Counselor, having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals.

Clients must make their own decisions and life choices. The PLPC can assist the client in thinking through the possibilities and consequences of decisions but the Code of Ethics for all mental health providers **does not** allow counselor to make any specific decisions for a client.

Areas of Focus: I have studied Marriage and Family Counseling for several years. I have worked with children, adolescents, adult individuals and families with a variety of presenting problems.

It is important that you understand that I am NOT a Licensed Professional Counselor at this point in my career. I am, however, working with a case supervisor who is an LPC. I meet with my supervisor routinely and discuss the various cases I am working with in counseling. I also receive instruction on improving my counseling skills.

Fees and Office Procedures: My fee for a 50 minute counseling session is \$90.00. Clients may be asked to purchase workbooks or other materials for homework or daily use.

Appointments are typically set at the close of each session or online at brcounselingassociates.com. I am available to counsel on Thursdays (2:00pm to 7:00pm). Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

Services Offered and Clients Served: I approach counseling from an integrated Christian counseling perspective with the idea that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions. I work with clients in a variety of formats, including individually, as well as couples and families. A client's religious and spiritual beliefs and preferences will be respected within the counseling relationship.

Code of Conduct: As a Provisional Licensed Professional Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by The Louisiana LPC Board of Examiners. A copy of the Code of Conduct is available to you upon request.

Privileged Communication and 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. If you threaten grave bodily harm or death to another person, we are required to inform the intended victim and appropriate law enforcement agencies.
2. If you report to us your knowledge of past or continuing physical or sexual abuse of a minor child by an adult, the counselor is required to inform the appropriate child welfare or law enforcement agency. The elderly and dependent adults are covered under this type of disclosure as well.
3. Your safety always takes precedence over confidentiality. In the event that you become unable to care for yourself or there is good reason to suspect suicidal behavior, we are able to waive the right of confidentiality in order to help insure your safety.
4. In Louisiana, couples are given confidentiality as individuals. If one individual in the couple reveals a secret to the counselor, the counselor cannot communicate this secret

without permission from the individual who revealed the secret. However, to maintain effective treatment, the counselor will work with the individual to come to a position of safety to share the information with their spouse.

5. PLPCs are under individual supervision. Identifying information will be revealed with a PLPCs individual supervisor for the purpose of treatment planning. Supervisors may observe counselors in “live counseling” or observe some videos of session. All tapes and information will be held in the strictest confidence and will be used only for the purposes of supervision and consultation. Tapes are erased after your client file has been closed and are not a part of the permanent record kept of the sessions. If you have any questions, please ask your counselor.
6. Counseling records may be released if subpoenaed by a court of law.

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 the counselor is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, please call 911.

National Hopeline Network: 1-800-366-1740

Client Responsibilities: You, the client are a full partner in counseling. Your honesty and effort is 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 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. 2) Studies suggests that marital counseling involving only one party may lead to dissolution of the marriage. 3) Changes in relationship patterns that may result from family counseling may produce unpredicted and/or possibly adverse responses from other people in the client's social system. If this occurs, you should feel free to share these concerns with your counselor.

I have read the Declaration of Practices and Procedures of Tiffany Raley and my signature below indicates my full informed consent to services provided by Tiffany Raley, PLPC. I am aware that Mrs. Raley may share information with supervisor, Kelli Hill and other PLPC's in group supervision for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Tiffany Raley may be audio or videotaped for the purpose of supervision.

Client Signature

Date

Tiffany Raley, M.A., PLPC

Date

Kelli Hill, M.A., LPC-S

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Tiffany Raley,

(Name of parent or legal guardian)

to conduct therapy with my _____,

(Relationship)

_____.

(Name of minor)

Signature of Parent or Legal Guardian

Date