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Lake Charles, LA 70607  
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## Declaration of Practices and Procedures Statement

Linda Morris Castle, NCC, LPC, LMFT Appraisal Privilege

I am pleased that you have chosen me as your Mental Health Therapist. This document is designed to inform you of my background and to ensure that you understand our professional relationship.

### Qualifications

I have a Bachelor of Science Degree from Louisiana State University and a Master of Arts Degree in Psychology, Counseling Option, from McNeese State University. I hold license number 2386 as a Licensed Professional Counselor and license number 162 as a Marriage and Family Therapist with the LPC Board of Examiners 8631 Summa Avenue, Suite A, Baton Rouge, LA 70809, (225) 765- 2515. I hold a National Certification as a National Certified Counselor.

### Clients Served

I provide therapy for individuals, couples, and families. I work with children, adolescents, and adults. I occasionally offer couples group therapy and I provide group treatment for gambling addiction.

### Specialty Areas

I have a general practice, focusing on individual issues, career and academic counseling, problem gambling, and I specialize in the practice of Marriage and Family therapy and am experienced in working with problems of childhood and parenthood, marital difficulties, and life difficulties of adulthood that may relate to disturbances in family relationships.

### What to Expect from Therapy and What I Expect from Clients

I accept a client's immediate family relationships and larger social context as being important resources in solving life's problems. Goals for therapy are always established through collaboration with the client. The overall objective for therapy is always the successful resolution of the problems that are deemed the most important through that collaborative process. I assist couples and families in organizing their relationships so that resources can be brought to bear on the problems being presented. Techniques that I often employ are instruction and modeling of communication skills, family role-playing, use of genograms, exploring families of origin, and between-session interactive assignments. This homework is a vital part of the therapeutic experience.

Clients must make their decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

Client Name: \_\_\_\_\_

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 the necessary adjustments. If it develops 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, or other professional relationship that might impact therapy, I expect you to inform me before beginning therapy.

General physical health, any medical treatments that may impact therapy and medications that you are taking can be an important factor in the emotional well-being of the individual and may impact couples and /or the family. Please note these medications and treatments on the intake form and during therapy.

Appointments are usually scheduled one time a week for approximately one hour, with the first session devoted to gathering necessary information. The entire therapy process may take on the average of eight to ten sessions.

### Code of Ethics

I am required by law to adhere to the Louisiana Code of Conduct for Licensed Professional Counselors and the Louisiana Code of Ethics for Licensed Marriage and Family Therapists. A copy of these codes is available upon request.

### Privileged Communications

I am required to abide by the professional practice standards for licensed marriage and family therapists and Louisiana law. I do not disclose client confidences and information to any third party without a client's written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm.

Certain type of litigation (such as child custody suits) may lead to the court- ordered release of information without your consent. Also note that if you use third party insurers, such as health insurance policies, HMO, or PPO plans or EAP programs, you must sign a release of information and all information will be disclosed.

When working with couples, families, or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorizations. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses.

When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence (except for the mandated exceptions already noted) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impeded or even prevent a positive outcome to therapy.

### After Hours and Emergencies

You may leave a message on my voice mail, (985) 778-1305, and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may call 911 or the emergency services numbers at Christus St. Patrick's Hospital 524 South Ryan Street, Lake Charles 337-

Client Name: \_\_\_\_\_

491-7709 or 337-436-2511; Lake Charles Memorial Hospital 1701 Oak Park Blvd, 1900 West Gauthier Road, Lake Charles, 337-494-3000 or 337-480-7000; Women and Children’s Hospital 4200 Nelson Road, Lake Charles 337-4746370; W. O. Moss Regional Hospital 1000 Walters Street, Lake Charles 337-475-8100; and West Calcasieu Cameron Hospital 701 East Cypress Street, Sulphur 337-527-7034 are available 24 hours a day.

### Fees, Office Procedures, Policies for Insurance Reimbursement

My fee is \$120.00 an hour. Payment for services rendered is due at the beginning of each session.

Consult your insurance company in advance regarding the extent of your mental health coverage. I do not file insurance from my office. The statement you receive will contain all the information you need to file a claim for reimbursement of your fee.

Appointments are typically set at the close of each session and a time is set aside specifically for **you**. Except in the case of an emergency, appointments are expected to be cancelled at least 24 hours prior to the appointment time. When the office is closed or no one is available to take your call, you may leave a message on the office voicemail. **\*\*Failure to provide 24 hour notice will result in a \$60.00 failed appointment fee.\*\*** Arriving late does not extend the counseling hour. If you are more than 20 minutes late for an appointment and have not called to notify the office, your appointment will be cancelled and you will be charged for the session. All unpaid balances will need to be cleared before further sessions can be scheduled. **Delinquent accounts may be turned over for collection after 90 days unless prior payment arrangements have been made.**

### Potential Benefits and Risks of Therapy

Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possibly adverse responses from other people in the client’s social system. A result of family therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the counseling relationship. Making changes in communication and/or ways of interacting with others may produce adverse responses from others. Marital or family conflicts may intensify as feelings are expressed. Individuals in marital or family therapy may find that spouses or family members are not willing to change. There are no guarantees to the outcome or specific results regarding your goals.

I understand and have read the above information. The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

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Client Signature

Date (mm/dd/yyyy)

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Client Signature

Date (mm/dd/yyyy)

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Linda M. Castle, NCC, LPC, LMFT

Date (mm/dd/yyyy)

Client Name: \_\_\_\_\_