



614 Esplanade Street  
Lake Charles, LA 70607  
Office (337) 478-1411 • Fax (337) 562-1489

## Declaration of Practices and Procedures Statement

Adrian Julian, M.A., LPC

### The Counseling Relationship

The counseling relationship is a unique one. Though not a personal or social relationship, it is a meaningful relationship that can and should facilitate growth and self-understanding through openness and honesty in a safe and trusting environment. As a result of mental health counseling, the client may realize that he/she has issues which may not have surfaced prior to the onset of the counseling relationship. Counseling does not ensure that all personal issues will be resolved and at times, may elicit some uncomfortable emotions, especially regarding interpersonal relationships. I use a variety of counseling theories and techniques, but I mainly adhere to Cognitive Behavioral Therapy and client-centered therapies.

Clients will begin services with an initial assessment of needs congruent with current best practice guidelines. Upon completion of this assessment, which is done in our office, each client will be appointed a Master's level mental health professional to provide mental health that the client might require to enable to development of positive mental health changes. I will provide individual counseling sessions in the office based on the client's mental health needs. Clients will be asked to participate in the completion of a re- assessment every six months of services to establish any changes that need to be made to the current treatment plan and re-authorize services to third party payee.

Clients must make their own decisions regarding life events, such as marriage, separation, divorce, reconciliation, etc. I will help you through identifying and exploring the possibilities and consequences of decisions, but my Code of Conduct/Ethics prohibits me from advising you to make specific decisions.

### Professional Qualifications

I earned a Masters of Arts degree in Psychology with a concentration in Mental Health Counseling from McNeese State University in 2013. I am a Licensed Professional Counselor (LPC 5656) with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809 (225) 765-2515.

## Areas of Focus

I focus on clients with behavioral issues related to their current diagnosis.

## Confidentiality

I will keep confidential anything you say to me in counseling except under the following circumstances in accordance with state law:

- A. If you direct me (by written consent) to release information concerning you or your sessions to someone else,
- B. If I determine that you are a danger to yourself or others,
- C. If there is abuse or neglect of any sort involved against a child, dependent adult, or an elderly adult (60 years or older), or
- D. If I am ordered by a court of law to disclose information.
- E. Child custody cases may lead to court-ordered release of information without your consent.

## 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.

## Code of Conduct

As an LPC, I am required by law to adhere to the Code of Conduct for practice that has been adopted by the Licensed Professional Counselor (LPC) Board of Examiners. A copy of this code is available to you upon request or can be found at [www.lpcboard.org](http://www.lpcboard.org).

## Emergency Situations

When no personnel in the office are available to answer calls after normal office hours, calls are automatically transferred to our answering service. In the event of an after-hours emergency please dial 337-431-7194. The answering service will transfer the call to the staff member on call to address any immediate response needs. You may also seek help through hospital emergency facilities or by calling 911.

## Fees and Office Procedures

Appointments are usually scheduled between 8:30 a.m. and 4:00 p.m. Monday through Friday, at an agreed upon time convenient to the client and counselor. If you are unable to keep your scheduled appointment, please notify our office at least twenty-four (24) hours in advance. Messages can be left with Counseling Services of SWLA at (337) 431-7194. Verification of third-party payment through your insurance provider is required prior to the beginning of any and all services. Failure to provide this verification of third-party payment will result in the cancellation of services including any pre-standing appointments.

[Required co-pays and/or deductible are required at the time of service.](#)

Services Offered and Clients Served: I provide office visits and skills training to individuals with a diagnosed mental disorder and meet admissions criteria for our level of care. Services are available to clients age six and older who are currently covered under Medicaid or private insurance. I am available for office visits that include individual counseling as well as family sessions. While I am open to the use of all evidenced based approaches so long as they are

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

within my cope of practice and appear to be the most effective for the client, I prefer to approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions.

**Client Responsibilities:**

- Follow the appointment scheduling procedures.
- Make an invested effort into the counseling process.
- Work toward established goals, including completion of assignments. My effectiveness in assisting you is dependent on your level of honesty and effort.
- Terminate one counseling relationship before beginning another. If you are seeing another mental health professional, permission must be granted from the first counselor for the second counselor to see the same client.

If it develops that you would be better served by another mental health provider, I will help you with the referral process.

**Physical Health**

It is suggested that you have complete physical examination within the past year. As intake data is collected you will be asked to identify your physician, any medications you are currently taking, and any side effects that you may be experiencing.

**Potential Counseling Risks**

The client should be aware that therapy poses potential risks. In the course of working together additional problems may surface to which the client was initially unaware. If this occurs the client should feel free to share these new concerns with me.

As a result of couple or family therapy, there may be changes in relationship patterns that produce unpredicted or adverse responses from other people in the client's social system. Studies suggest that therapy involving only one spouse can lead to dissolution of the marriage instead of improving it. Please feel free to address these concerns.

I have read the Declaration of Practices and Procedures of Adrian Julian, M.A., LPC and my signature below indicates my full informed consent to services provided by Adrian Julian, M.A., LPC.

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Adrian Julian, M.A., Licensed Professional Counselor \_\_\_\_\_ Date \_\_\_\_\_

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

## Consent for Treatment of Children and Adolescents

I/We, being the parent(s) or legal guardian(s) for \_\_\_\_\_, a minor child, consent for counseling services to be provided by **Adrian Julian, M.A., Licensed Professional Counselor**, with **New Horizons Counseling Center, L.L.C.**

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Signature

Date

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Signature

Date

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