



614 Esplanade Street

Lake Charles, LA 70607

mandycreel614@gmail.com

Office (337) 478-1411 • Fax (337) 562-1489

Declaration of Practices and Procedures Statement

Amanda B. Creel, PhD, LPC, LMFT

Qualifications

I am licensed as a Licensed Professional Counselor (LPC LIC# 1877) and a Licensed Marriage and Family Therapist (LMFT LIC# 336) in the state of Louisiana. I hold a Doctorate of Philosophy Degree (PhD) in Counselor Education and Supervision from Auburn University. I am also a Nationally Certified Counselor (#51982) and certified supervisor (#S1877).

In the event you are dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, you may report any complaints to the Louisiana Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, Louisiana, 70809, (225) 765-2515.

Areas of Focus

I have a general practice but focus on college students and adult clients. I am trained to provide counseling in the following areas: individual, marriage and family, mental health issues, adjustment difficulties, academic issues, career decisions and choices, and study skills improvement. My counseling practice includes services to children, adolescents, and adults.

Counseling Relationship

The counseling relationship is unique. The relationship is a professional collaboration rather than a social relationship or friendship. It is against my professional ethical code to participate in social networking with any client, former client, or family member of either of the two. The purpose of the relationship is to provide a safe and trusting environment to encourage personal growth through openness and honesty with the overall objective being the successful resolution of the problems that are deemed the most important.

I consider you a full partner in the counseling relationship. Your honesty and effort is essential to success. As we work together, I expect you to share your ideas and goals so that the experience can benefit you to the fullest. If issues arise for which I do not possess the ability, necessary experience or you think another provider would better serve you, I will help you make a referral.

I work with clients in a variety of formats including individually, groups, couples, and families. I utilize varied approaches to counseling such as person-centered, cognitive-behavioral, and humanistic. These also include family systems theory. Depending on the client, I will use the counseling technique that is best suited for the individual client's, couple or family needs. My general goals in counseling include assisting individuals and/or couples/families in moving through adversities in life in as healthy manner as possible.

If you are currently receiving services from another mental health professional or are engaged in another counseling relationship, I expect you to inform me of the issue and grant permission to contact that professional to coordinate services for you. The second therapist does not enter into a counseling relationship without first contacting and receiving approval by the first therapist; thus we may share information to coordinate our services to you. (See Code of Conduct).

Code of Conduct

I am required by law to adhere to the Code of Conduct for Licensed Professional Counselors and the Louisiana Code of Conduct for Licensed Marriage and Family Therapists. A copy of these codes is available at your request. I also follow the ethics code for the National Board of Certified Counselors (NBCC).

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.

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.

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

When working with a family or couple, information shared by individuals in session where other family members are not present must be held in confidence (except for the mandated

Client Name: _____

exceptions already noted) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such waivers, but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

Client Responsibilities

I believe your responsibilities as a client are: to follow office procedures for scheduling and keeping appointments; to follow office policies for payment of fees; to participate equally in the counseling relationship and sessions. As a client, you are in control and may end our counseling relationship at any point. I will be supportive of that decision. If at any point you or I believe our counseling sessions have become non-productive, we will discuss this matter with and I will provide referral information, if necessary. Additionally, it is your responsibility to terminate our counseling relationship before being seen by another mental health professional (psychologist, board certified social worker, etc.).

Fees, Office Procedures, and Policies for Insurance Reimbursement

Private pay

The maximum fee for a 45-50 minute individual or family session is \$150.00 for the initial session and \$120.00 for each subsequent session. Payments should be made directly to New Horizons Counseling Center, LLC.

Insurance

Subject to your policy benefits. Co-payments, co-insurance, and deductibles (should they apply) are due at the time of each session.

Consult your insurance company in advance regarding the extent of your mental health coverage. We will be happy to file insurance for you, but you will be expected to pay the co-payment in advance and pay for any missed sessions or those not covered by insurance.

The fee for each session and/or co-payment will be due and must be paid at the beginning of each session. Cash, personal checks, and most credit cards are acceptable for payment. If you are unable to pay at the time of your appointment, special arrangements will need to be made in advance. It is your obligation to pay your bill or your insurance carrier's unpaid balance within ninety (90) days of the date of notice. All unpaid balances will need to be cleared or a payment schedule created before further sessions can be scheduled. Delinquent accounts may be turned over for collection after 90 days unless prior payment arrangements have been made.

Telephone consultations after hours will be billed at \$2.00 per minute. Insurance carriers DO NOT cover this fee; therefore, payment for this service will be due the day you return for your next appointment.

NOTE

Fees for court appearance or reports written for legal purposes will not be charged to insurance companies and are the responsibility of the client. These fees must be paid prior to the reports being released. A copy of court related fees is available upon request.

Client Name: _____

Appointments are typically set at the close of each session and is time 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.

After Hours and Emergencies

Generally, I can be contacted during regular office hours by calling my office (337-478-1411). If I am not available, please leave a message with the receptionist and I will return your call as quickly as possible. Should no one be available to take your call, please leave your name, phone number, the time you called, and a brief message on the voicemail. Please state the nature of your emergency so that I may reach you as quickly as possible. If an emergency arises during non-business hours, call 9-1-1 or go to the emergency room at Lake Charles Memorial Hospital (337-494-3000) or a hospital near you.

Physical Health

Physical health is an important factor in the emotional well-being of an individual. I encourage you to have a complete examination if you have not had one within the last year. I would appreciate you sharing with me important medical conditions, your physician's name and all medications that you currently take or have taken. According to June 2011 legislation, certain conditions REQUIRE consultation with your physician. These include: *Schizophrenia/schizoaffective disorder, Bipolar Disorder, Panic disorder, Obsessive-compulsive disorder, Major depressive disorder, Anorexia/bulimia, Intermittent explosive disorder, Autism, Psychosis NOS (in a child under 17 years old), Rett's disorder, Tourette's disorder, Dementia.*

Potential Benefits and Risks of Therapy

As a Licensed Professional Counselor and Licensed Marriage and Family Therapist, I feel that I should take the opportunity to indicate to you that as a result of mental health counseling, you may realize that there will be additional issues which may not have surfaced prior to the onset of our counseling relationship. This may temporarily produce additional distress. Studies suggest that counseling involving only one spouse can lead to dissolution of the marriage instead of improving it. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possible adverse responses from other people in the client's social system.

In signing this, I consent to counseling services for myself and/or dependent and agree to the above billing policy. I also acknowledge that I have been given a copy of **Amanda Creel's** "Declaration of Practices and Procedures" which includes information regarding the counseling relationship, billing, emergency information, and limitations to confidentiality.

Client Signature

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 **Amanda B. Creel, PhD, LPC, LMFT**, with **New Horizons Counseling Center, LLC**.

Signature

Date

Signature

Date

Client Name: _____