

Dena M. Melna, LPC-S
Licensed Professional Counselor Supervisor
Granberry Counseling Center
7200 Desiard Street
Monroe, Louisiana 71203
(318) 450-4660

Declaration of Practices and Procedures

Qualifications:

B.A. Psychology, University of Louisiana at Monroe, 2000
M.S. Psychology, University of Louisiana at Monroe, 2003
M.S. Clinical Mental Health Counseling, University of Louisiana at Monroe, 2012

Licensed Professional Counselor #5354
LPC Board of Examiners
11410 Lake Sherwood Ave North Suite A
Baton Rouge, LA 70816
225-295-8444

Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs)

Certifications:

Crisis Prevention Institute – Crisis Prevention
American Heart Association CPR & AED Provider

Areas of Focus: Individual and Group Psychotherapy, Adult and Geriatric Mental Healthcare, Mood Disorders, Anxiety Disorders, Post Traumatic Stress Disorder, Substance Abuse Treatment

Counseling Relationship: The goal of the counseling relationship is to develop a safe environment in which the client and counselor can collaboratively identify and manage presenting problems in a manner consistent with the client's goals and culture. This could be accomplished through individual, group, or family counseling.

The duration of counseling varies according to each client's individual needs. I encourage you to continue services if you are benefiting. Counseling is voluntary and you may stop at any time. If you feel that you are no longer benefiting from counseling or would like to discontinue services, I encourage you to discuss this with me so we can ensure that you have any referrals or resources you need.

Although counseling is an extremely personal experience, it is important to realize that our relationship is professional in nature and that our time together will be limited to scheduled sessions.

Fees and Office Procedures: Granberry Counseling Center accepts some private insurances. Any fees not covered by the client's insurance are the client's responsibility and are paid on-line directly to Granberry Counseling Centers at granberrycounseling.org.

All other clients are subject to a fee of \$90 per sixty (60) minute session which is adjustable based on the client's income.

Services Offered and Clients Served: I work with clients through individual, group, and family psychotherapy using a counseling approach most suitable to the client's needs. Counseling interventions are based on the client's individual needs, strengths, goals, and culture. The ultimate goal is to facilitate psychological growth as well as to improve mental health and overall well-being. My approach is primarily client-centered and I utilize cognitive-behavioral, existential, EMDR and solution-focused interventions as appropriate. I work with clients of all ages and provide both in-person and tele-mental health services.

Code of Conduct: As a Licensed Professional Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. I must also follow codes of ethics for specific professional organization to which I belong in order to maintain membership requirements. Copies of the Code of Conduct or ethical guidelines are available upon request.

Confidentiality and Privileged Communication: Material and/or information revealed in counseling will remain strictly confidential except for 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 a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult, or 4) A court order is received directing the disclosure of information.

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.

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 only with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

Emergency Situations: If an emergency situation should arise, you may seek help through any hospital emergency room or by calling 911. Alternatively, you may call 988 which is a suicide/mental health crisis hotline.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort are essential to success. If, as we work together, you have suggestions or concerns about your counseling, I ask you to share these with me so that we can make the necessary adjustments. If you would be better served by another clinician, I will help you with the referral process. If you are currently receiving services from another mental health professional, I ask 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. It is also important to report any physical condition and/or regular medications as they may relate to mental health and well-being.

Potential Counseling Risk: The client should be aware that counseling poses potential risks. While working together, additional problems may surface of which the client was not initially aware. Exploring such material through counseling can result in the experience of intense and sometimes unpleasant emotion. Please feel free to share any such concerns with me.

It is expressly understood that Dena Melna has not issued, and will not issue, any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service. It is further understood that Dena Melna shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors.

Teletherapy:

By signing this form, you are not making a commitment to continue teletherapy therapy as a permanent modality, but you will continue to have that option should you and Dena Melna both agree that it is in your best interest. I have completed teletherapy training required by the LA Board of Examiners. All teletherapy sessions will be conducted through Doxy.me which is encrypted to the federal standard. I will not be conducting Teletherapy in any state other than Louisiana. It is important for you, as a client, to realize if you should relocate to another state, I will not be able to continue teletherapy with you.

All clients should:

- Be appropriately dressed during sessions.
- Avoid using alcohol, drugs, or other mind-altering substances prior to session.
- Be located in a safe and private area appropriate for a teletherapy sessions.
- Make every attempt to be in a location with stable internet capability.

Clients should NOT:

- Record sessions unless first obtaining my permission.
- Have anyone else in the room unless you first discuss it with me.
- Conduct other activities while in session (such as texting, driving, etc.).

* If the client is a minor, a parent or guardian must be present at the location/building of the teletherapy session (unless otherwise agreed upon with the therapist).

When using technology to communicate on any level, there are some important risk factors of which to be aware. It is possible that information might be intercepted, forwarded, stored, sent out, or even changed from its original state. It is also possible that the security of the device used may be compromised. Best practice efforts are made to protect the security and overall privacy of all electronic communications with you. However, complete security of this information is not possible. Using methods of electronic communication with us outside of our recommendations creates a reasonable possibility that a third party may be able to intercept that communication. It is your responsibility to review the privacy sections and agreement forms of any application and technology you use. Please remember that depending on the device being used, others within your circle (i.e. family, friends, employers, & co-workers) and those not in your circle (i.e. criminals, scam artists) may have access to your device. Reviewing the privacy sections for your devices is essential. Please contact me with any questions that you may have on privacy measures.

Teletherapy is an alternate form of counseling and should not be viewed as a substitution for taking medication that has previously been prescribed by a medical doctor. It has possible benefits and limitations. By signing this document, you agree that you understand that:

- Teletherapy may not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts.
- Misunderstandings may occur due to a lack of visual and/or audio cues.
- Disruptions in the service and quality of the technology used may occur.

The following items are important and necessary for your safety. The clinician will need this information in order to get you help in case of an emergency. By signing this consent to treatment form you are acknowledging that you have read, understand, and agree to the following:

- The client will inform me of the physical location where he/she is and will utilize consistently while participating in sessions and will inform me if this location changes.
- In the first teletherapy session, you will provide the name of a person I am allowed to contact in case I believe you are at risk. You will be asked to sign a release of information for this contact.
- In the first teletherapy session, you will provide information about the make, model, color, and tag number of your automobile.
- In each session, you will provide information about the nearest emergency room or emergency services (such as fire station, police station, if there is not an emergency room nearby.)
- Depending on the assessment of risk and in the event of an emergency, you or I may be required to verify that the emergency contact person is able and willing to go to the client's location and, if that person deems necessary, call 911 and/or transport the client to a hospital. In addition to this, I may assess, and therefore require that you, the client create a safe environment at your location during the entire time of treatment. If an assessment is made for the need of a "safe environment" a plan for this safe environment will be developed at the time of need and made clear by me.
- In the case of a need to speak to me between sessions, please call, or text, and leave a message. I do not provide emergency services on a 24-hour basis. If your emergency is after hours, please contact your nearest emergency room. Typically contact between sessions is limited to arranging for appointments.
- If you need the services of other professionals, I am happy to consult and coordinate with them. Clients should not routinely be meeting with more than one counselor, unless the two counselors have agreed to coordinate your care.

A phone is the most reliable backup option in case of technological failure. It is, therefore, highly recommended that you always have a phone at your disposal and that I know your phone number. If disconnection from a video conference occurs, end the session and I will attempt to restart the session. If reconnection does not occur within five minutes, call me at the contact number I have provided. If, within 5 minutes, I do not hear from you, you agree (unless otherwise requested) that I can call the provided phone number.

I have read and understand the Declaration of Practices and Procedures of Dena Melna, LPC-S and my signature below indicates my full informed consent to services provided by Dena Melna, LPC-S.

Client Signature: _____ Date/Time: _____

Licensed Professional Counselor Supervisor: _____ Date/Time: _____

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give permission for Dena Melna, LPC-S to conduct counseling with my
(relationship) _____, (name of minor) _____.

Signature of Parent or Legal Guardian: _____ Date/Time: _____