Kathy S. Eichelberger, MAMFC, LPC-S
7200 Desiard Street
Monroe, LA 71203
(318) 345-8200 office
(318) 376-0775 cell

DECLARATION OF PRACTICES AND PROCEDURES

Welcome to my office. I am pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making any informed decision concerning my services.

Qualifications: I earned a Master of Arts in Marriage and Family Counseling degree and a Doctor of Ministry degree in Pastoral Counseling from New Orleans Baptist Theological Seminary. I am licensed (#4310) as a licensed professional counselor by the LPC Board of Examiners which is located at 11410 Lake Sherwood Avenue North, Suite A, Baton Rouge, LA 70816 (phone 225-295-8444).

Areas of Expertise: I have worked with individuals, couples, and families in outpatient clinical settings dealing with a wide range of therapeutic issues. Some of these include: family conflict, domestic violence, sexual abuse, grief/adjustment issues, depression, anxiety, dissociative identity disorder, phobias, post-traumatic stress, extramarital affairs, and divorce. I am a Certified EMDR therapist.

The 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 as long as 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.

The holistic nature of my views concerning mental health recognizes a person's spirituality as the central organizing principle around which lasting mental health and strong relationships may be achieved. While I make no systematic presentation on the subject, I am decidedly Christian in my orientation.

Confidentiality: 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 again a minor child, elderly person (60 or above), 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.

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. An individual coming for help in resolving relationship problems with a spouse also agrees to restrain from subpoenaing this therapist for testimony if court proceedings develop later.

Potential Counseling Risks: 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 Kathy Eichelberger 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 Kathy Eichelberger shall be obligated to maintain a reasonable stand of care for practicing as a Licensed Professional Counselor

Fees and Length of Therapy: Granberry Counseling Centers 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.

Mode of Therapy: I see clients both in person and through telemental health. The telemental health platform I use is Doxy.me which is HIPAA compliant. 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 Kathy both agree that it is in your best interest. I will not be conducting Teletherapy in any other state 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 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 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 to get you help in the 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 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.

Please Ask Questions. You may have questions about me, my qualifications, or anything not addressed in the previous paragraphs. I am required by state law to adhere to a Code of Conduct for Licensed Professional Counselors. which is determined by the Louisiana Licensing Board. A copy of this Code is available on request. Should you wish to file a disciplinary complaint regarding my practice as a LPC, you may contact the Louisiana LPC Board of Examiners. Their address and phone number is listed below:
Louisiana Licensed Professional Counselors Board of Examiners
11410 Lake Sherwood Ave. North
Baton Rouge, LA 70816
Phone: (225) 295-8444 Fax (225) 765-2514.

Professional Services Contract.

_____ (Name(s) of), hereinafter referred to as the Client, has this day retained Kathy S. Eichelberger of the Granberry Counseling Centers.

It is expressly understood that Kathy S. Eichelberger 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 Kathy S. Eichelberger shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors.

The Client agrees that all fees shall be due and paid at the time of treatment and the payments in arrears over two sessions will result in the cessation of therapy until the balance is made current. We, the undersigned therapist and

client, have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered into voluntarily by the Client with competency and understanding and knowledge of the consequence.

Client(s) Signature(s): _____ Date: _____

_____ Date: _____

Counselor's Signature
Kathy Eichelberger, LPC-S _____ Date: _____

For Minors only:

I, _____, give permission for _____ to
(Parent or Guardian) (Counselor)
conduct counseling with:

_____.
(Name of minor child)

_____
(Relationship to minor child)