Declaration of Practice and Procedures

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Welcome to the Counseling Ministry of Granberry Counseling Centers. The purpose of this document is to provide you with information about my qualifications and approach to counseling. It covers the key areas involved in making an informed decision to seek counseling.

Qualifications: I earned a Ph.D. in Psychology and Counseling from New Orleans Baptist Theological Seminary and a Master of Science in Social Work (M.S.S.W.) from the University of TX at Arlington. I am a Licensed Clinical Social Worker (#4075) and a Board Approved Clinical Supervisor. Social Workers are licensed through the Louisiana State Board of Social Work Examiners, 18550 Highland Road, Suite B, Baton Rouge, LA 70809, (225) 756-3472.

Areas of Expertise: I work with individuals, adolescents, children (6 years and older), couples, and families dealing with a wide range of therapeutic issues. Some of these include parent/child issues, family conflict, domestic violence, sexual abuse, addictions, substance abuse, personal growth, stress, grief/adjustment issues, social adjustment, depression, anxiety, phobias, trauma, anger management, infidelity, and divorce adjustment.

I integrate the best practices of counseling theory and biblical wisdom to help clients seek peace, joy, freedom, and a greater love for God, others, and themselves. I help individuals heal the wounds of childhood trauma, emotional struggles, life transition, and difficulties with work and personal relationships. Counseling services are based on a keen understanding of the human person—the unique physical, emotional, behavioral, and spiritual development of each person is considered and treated with great care.

Professional Memberships: American Association of Christian Counselors

Counseling Relationship: The relationship between the counselor and the client is one of respect, professionalism, openness, and safety. Counseling is a collaborative process between counselor and client(s) who work together on mutually agreed upon goals. The time-frame for treatment and counseling goals will be established together between client(s) and counselor.

What to Expect from Counseling: The goal of counseling is for the client to make the change necessary so that his/her presenting issue no longer exists or is no longer a problem. The overall objective for counseling is always the successful resolution of the issues that are deemed the most important through the collaborative process. “Homework” is a vital part of the therapeutic process. The completion of homework is necessary if the client is to get the most from the therapeutic experience.

Client Responsibilities: The counselor facilitates the change that the client has chosen; however, responsibility for change ultimately rests with the client. *As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments.* Clients must make their own decisions regarding such issues as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation 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.

Also, if you currently have another counselor, you must first terminate with that counselor before I can offer you my services. If you are currently receiving services from another mental health professional, I expect 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. If it develops that you would be better served by another mental health professional, I will help you with the referral process.

Physical Health: It is suggested that you have a complete physical examination if you have not had one within the past year. Please list any medication you are presently taking in the attached intake form.

Potential Benefits and Risks of Counseling: The counseling process may be immensely advantageous for some clients, while there are instances in which individuals experience feelings of sadness, fear, anger, anxiety, or guilt. When a person makes major life decisions, it is natural to experience disturbing thoughts and feelings. These thoughts and feelings are a crucial part of counseling, and therefore, act as a risk for some clients.

Other risks involved in the process include remembering traumatic experiences, confronting distressing thoughts and/or beliefs, changing an individual's ability or desire to manage effectively and compatibly with other relationships, and possibly confronting those people. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, feel free to share these new concerns with me.

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 Wendy Leger both agree that it is in your best interest. I have completed teletherapy training required by the LA Board of Social Work 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 will consult and coordinate with them. Clients should not routinely meet 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.

Fees: The Granberry Counseling Centers' standard fee for a 50-60 minute session is $90.00. This fee may be adjusted based on income with provided documentation of need. Clients are charged for each session and are expected to pay at the time of service. No fee will be charged if you need to cancel and give at least 24 hours advance notice. Clients who fail to give a 24-hour notice of their need to cancel or reschedule an appointment will be charged a no-show fee except in the case of an emergency.

Emergency Situations: I do not provide 24-hour emergency services. However, in most cases, I am available by phone (225-590-3233). If I am not available, please leave a message and I will return your call as soon as possible. If you are unable to reach me and you have an emergency call 911, the Crisis Line at 225-924-3900, or go to the nearest Emergency Room.
Confidentiality: All our sessions will be confidential to people outside of the counseling setting. Confidentiality will be encouraged in marital, family and group counseling sessions, but I do not guarantee confidentiality among participants of the counseling. In addition, information may be released, in accordance

with the state law, only when (1) you sign a written release of information indicating informed consent to such release; (2) you express serious intent to harm yourself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elder person (60 years or older), or dependent adult; or (4) a court order is received directing the disclosure of information. It is my policy to assert either (a) privileged communication in the event of # 4 or (b) the right to consult with clients, if at all possible, barring an emergency, before mandated disclosure in the event of # 2 or # 3. Although I cannot guarantee it, I will endeavor to inform clients of all mandated disclosures.

In addition, if by chance we see each other in a public place, I will respect your privacy by not acknowledging that I know you. You then have the choice to completely ignore me, smile quickly, or greet me with a hello. Again, to ensure confidentiality, I will not introduce you to anyone that is with me. Please be aware that I take your personal matters seriously, and I am not ignoring you to be rude.Furthermore, I will not accept connection, follow, or friend requests from current or former clients on any social media sites, such as Facebook, LinkedIn, Twitter, etc., as I believe that it may compromise your confidentiality along with our respective privacy and may blur the boundaries of our therapeutic relationship.

Code of Ethics/Conduct: I am dedicated to advancing the welfare of individuals and families. I am guided in this pursuit by a code of ethics published by the National Association of Social Workers Code of Ethics for Licensed Clinical Social Workers and required by law to adhere to the code of my profession. Copies of this code are available upon request.

Please Ask Questions: You may have questions about me, my qualifications, or anything not addressed in the previous paragraphs. It is your right to have a complete explanation for any of your questions at any time.
Counseling Contract: I have read and understand the above information. I, _____, hereinafter referred to as the Client, has this day retained Wendy J. Leger, Ph.D. LCSW-BACS of Granberry Counseling Centers to provide counseling and/or family counseling. It is expressly understood that Wendy J. Leger, Ph.D. LCSW-BACS, has not issued, and will not issue, any guarantee of cure or treatment effects, or number of sessions necessary. It is further understood that Wendy J. Leger, Ph.D. LCSW-BACS, shall be obligated to maintain a reasonable standard of care.

Wendy J. Leger, Ph.D. LCSW-BACS, nor Granberry Counseling Centers shall be held to any special or elevated standard care. We, the undersigned Counselor, 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 Signature: _____ Date: ____/____/_____
Parental Authorization for Minors: As a parent, I understand that I have the right to information concerning my minor child in counseling, except where otherwise stated by law. I also understand that Wendy J. Leger, Ph.D., LCSW-BACS believes in providing a minor child with a private environment to facilitate counseling. I, _____, therefore, give permission for Wendy J. Leger, Ph.D. LCSW-BACS, to use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with me and to conduct counseling with my (relationship) _____, (name of minor)_____.
Parent/Guardian Signature _____ Date: ____/____/_____