

STATEMENT OF PRACTICES AND PROCEDURES

Katherine Arnold, MAMFC, LMFT-SC, LPC-S
27999 Old Walker South Rd, Suite G
Walker, La. 70785
(225) 287-5714

Qualifications: I earned a Masters of Arts in Marriage and Family Counseling from New Orleans Baptist Theological Seminary in 2013. I am a Licensed Professional Counselor-Supervisor LPC-S #5845 and a Licensed Marriage and Family Therapist – Supervisor Candidate LMFT #1259 registered with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Avenue North Suite A, Baton Rouge, LA 70816, (225) 295-8444.

Counseling Relationship: Counseling is a partnership built on trust and commitment. The therapeutic process requires the openness and willingness of the client in consistent effort and practice. Goals will be established in collaboration with the client and often require assignments between sessions. The overall goal of therapy and treatment is always resolution of the issues considered most important to the client through the collaborative process.

Areas of Focus: I focus on clients with marriage and family issues, anger, stress, depression, anxiety, and life issues. I also focus on personal growth and career counseling. I am a member of the American Association of Marriage and Family Therapist (AAMFT), Louisiana Marriage and Family Therapist (LAMFT), and American Association of Christian Counseling (AACC).

Fees and Office Procedures: The fee for each 45-50 minute session is \$120.00. Checks can be made to Present Hope Counseling. Should a session be planned for 90-minutes, the fee will be in accordance to 2 sessions. Payment for services is due at the close of each session.

Appointments are typically set at the close of each session. Should you need to reschedule or cancel, please call or text my business phone at (225) 287-5714. A 24-hour notice is required for reschedules or cancellations. You will be charged for appointments missed or sessions rescheduled/cancelled within 24-hours of scheduled appointment time.

Services Offered and Clients Served: One approach to counseling is from an emotional focused interaction. Another cognitive-behavioral perspective; patterns of thoughts and actions are explored in order to understand the clients' problems and develop solutions. Yet, another approach is a systems strategy where the interactional patterns and dynamics within the family systems are explored. I consider the clients' immediate family relationships and larger social context as being important resources in solving life's problems. I approach therapy from an eclectic approach based on the client's goals and needs. Specific therapy models used, but not limited to, Cognitive Behavior Therapy, Family Systems Therapy, Emotional Focused Therapy, EMDR, and play therapy. I work with clients in a variety of formats, including individually, as couples, and as families of various ethnic backgrounds. I also conduct group therapy. I see clients eight years or older.

With the client's informed consent, I may engage in coordination of care and specific consults with other professionals to ensure that a high-level, integrated and personalized treatment plan, if believed in the best interest of the client(s). I may also engage in general consults with other professionals. In a general consult, no HIPAA Protected Health Information (PHI) about the client is released, a client consent is not required. The counselor and the client will discuss and agree upon the necessity of referrals to community resources and/or other professionals for coordination of care.

The client has the option of selecting in-person services delivered in an office (with both the counselor and the client present) or teletherapy services (services provided using interactive HIPAA secure technology-assisted media that enables the counselor and the client, separated by distance to interact via synchronous video and audio transmission) within and across Louisiana. For these purposes, I utilize Google Meet services. A client may utilize either mode of delivery as they choose, unless it is determined that the client may not be properly diagnosed and/or treated by teletherapy. A client who cannot be properly diagnosed and/or treated via teletherapy shall be restricted to in-person services and/or properly terminated with appropriate referrals. Teletherapy requires verification of client's identity and location at the start of each session. Please see and sign the attached addendum to consent to engaging in teletherapy services.

Teletherapy concerns: Please note, as I am only licensed in the state of Louisiana, I can only provide teletherapy services to clients currently within the state of Louisiana. Should we become disconnected or experience technical failure, I will call you and troubleshoot issues. At the beginning of each teletherapy session, I will ask client(s) to provide the address to their location and the location of the nearest emergency room. In the event of an emergency during a teletherapy session, I will refer client to the stabilization plan (if applicable) and/or the nearest emergency room. At the end of session, we will schedule our next session. Please refer to general communication section regarding communication between session.

Code of Conduct: As a LPC and LMFT, I am required by law to adhere to Code of Conduct that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of the Code of Conduct is available to you upon request.

Confidentiality: Client confidentiality is an essential part of the counseling process. Materials 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 a reasonable suspicion of abuse/neglect against a minor child, an elderly person (60 or older), or a dependent or disabled 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. Clients may refuse to provide written permission to waive confidentiality rights between or

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among each other. Please be advised that withholding information from each other during couple or family therapy could impede or even prevent a positive outcome to therapy. Any material obtain from a minor client may be shared with the client's parent or guardian.

Medical Records: In accordance with State and Federal requirements, medical records for adult clients are maintained for six (6) years after the client's last visit and seven (7) years past the 18th birthday of minor clients. Request for medical records will be made available within 10-14 days following a signed authorization of Consent to Release Information by the client or parent/legal guardian of a minor client. The client will be responsible for the cost to obtain the copies of their records.

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.

Please note: We live in a society that is connected by cell phones, email, and many social media platforms available; client communication can not be one-hundred percent guaranteed to be private. I want you to be aware of the risks of such methods of communication. If you communicate confidential or private information via SMS (text), by phone, or through e-mail, I will assume that you have made an informed decision, having been made aware of the risk.

Texting: Text messaging is unsecure and I will only text you for the purpose of scheduling or if there is an urgent matter that we must discuss, and I can't reach you another way. If appointment information or general business matters need to be communicated to me, text messaging is fine, but no official counseling will take place via messaging.

Social Media: I do not accept "friend" requests or similar connections with clients, their family members or friends on social media. This is to protect your confidentiality and privacy. If you choose to "like" the business's professional Facebook page or comment on posts/blogs, please know this will connect you to our business and we will assume you have made an informed decision to do so. Online relationships can create security risks as well as therapeutic risks. Please note that any social media apps you use may seek to connect you with me or with other visitors to this office through a "people you may know" or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone/device. Turning off a social media app's ability to know your location and refusing it access to your email account, contacts, and history in your phone, protects your privacy and confidentiality.

Emergency Situations: Please note, I do not guarantee immediate accessibility or response. I do not answer email, text, or phone calls/messages when I am with other clients, afterhours, weekends, vacations, or holidays. When I am unavailable, you may choose to leave a message, email, or text and I will respond as soon as possible. In an emergency situation when an immediate response is necessary, you may call the Baton Rouge Intervention Center (225) 924-3900 or 1-800-437-0303, your primary care physician, the local emergency room, or call 911. The Livingston OLOL emergency room located at 5000 O'Donovan Blvd., Walker, Louisiana. The telephone number is (225) 271-6000.

Client Responsibilities: You, the client, are full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, goals, treatment, etc., I expect you to share these with me so that we can make the necessary adjustments. If homework is warranted to aid in the therapeutic treatment plan, you are responsible to complete the assignments between sessions. 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. In the event, that I am unable to therapeutically treat you and determine that another mental health provider would better serve you, I will help you with the referral process.

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. Also, please provide me with a list of the medications that you are current taking and a history of any pre-existing mental or physical diagnosis.

Potential Counseling Risk: The client should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. Marital therapy involving only one spouse may lead to adverse responses from the other spouse. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possibility adverse responses from other people in the clients' social system. If this occurs, you should feel free to share these concerns with me.

I have read the Statement of Practices and Procedures of Katherine Arnold, MAMFC, LPC, LMFT and my signature below indicates my full informed consent to services provided by Katherine Arnold, MAMFC, LPC, LMFT. I am aware that Mrs. Katherine Arnold may share information with other MFT and LPCs for the sole purpose of peer consultation and/or supervision toward certifications, education, or training purposes. I am also aware that my sessions with Katherine Arnold, MAMFC, LPC, LMFT may be audio or videotaped for the purpose of supervision.

Client Signature

Date

Katherine Arnold, MAMFC, LPC-S, LMFT-SC

Date

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Parent/Guardian Consent for Treatment of a Minor:

If the client is a minor, parental authorization provides informed consent for all the above:

I _____ give permission for Katherine Arnold, MAMFC, LMFT, LPC to
(name of parent or legal guardian)
conduct therapy with my _____, _____.
(relationship) (name of minor)

Signature of Parent or Legal Guardian

Date