

Declaration of Practices and Procedures

Victoria Leigh Parenti, MA, LPC, NCC
Victoria Leigh, LLC
4612 South Carrollton Ave.
New Orleans, LA 70119
(504) 256-1454

Qualifications: I earned a Master of Arts degree in School Counseling from University of Holy Cross, New Orleans, LA in 2018. I am licensed as an LPC (LPC #7508) registered with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave. North, Suite A, Baton Rouge, LA 70816, (225) 295-8444.

Counseling Relationship: I see counseling as a process in which you, the client, and I, the Counselor, having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals.

Areas of Focus: I focus on adolescent and young adult clients, ranging in age from twelve to thirty-five. I work with problems of childhood and parenthood, marital difficulties, and life difficulties that may relate to disturbances in family relationships. In addition to being licensed as an LPC in Louisiana, I hold a national certification as a National Certified Counselor (NCC#1094464).

Fees and Office Procedures: The fee for services is \$120.00 per telehealth session and \$120.00-\$150.00 per face-to-face session and is paid directly to Victoria Leigh, LLC. Payment for services is due at the close of each session.

Appointments are typically set at the close of each session. I have early evening appointments available Tuesday through Thursday (4:30pm-7:30pm), and I have morning and mid-afternoon appointments (11:00am-4:00pm) available on Saturdays. Appointments may be scheduled, rescheduled or cancelled by emailing me at victorialeighllc@gmail.com or texting me at (504) 256-1454. Failure to give notice for any appointment not cancelled 24 hours in advance will result in a \$50 charge which covers the cost of renting the room at the practice.

Services Offered and Clients Served: I approach counseling from a combination of both cognitive-behavioral and person-centered perspectives. When working from a cognitive-behavioral perspective, I explore the patterns of individuals' thoughts and actions to better understand the clients' problems and to develop solutions. When working from a person-centered perspective, I work with clients to understand their unique individual thoughts and feelings by accepting them unconditionally and non-judgmentally. Client(s)' wants, needs, and choices are explored to develop a plan of action to achieve goals. I use a variety of strategies when working with clients. For example, I utilize Exception Seeking Questions, Coping Questions, Scaling Questions, Problem-free talk, and the Miracle Question. I work with a variety of formats, including individually and as families. I also conduct group therapy. I see clients of all ages and backgrounds with the exception that I do not work with children under 12 years of age.

Code of Conduct: As an LPC, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board, LPC Board of Examiners. A copy of this Code of Conduct is available free of charge to you upon request. In addition, I must also follow the code of ethics for the NBCC.

Confidentiality: Material revealed in counseling will remain strictly confidential with exception to 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.
4. A court order is received directing the disclosure of information.

In the event of 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.

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.

After-Hours/emergency Situations: My office phone number is (504) 256-1454. I do not have a receptionist. You are welcomed to leave a message through voicemail, and I will return your call as soon as possible. Discretion regarding our sessions is of utmost concern to me. My phone is digitally locked with a 4-digit code required to unlock it.

If a mental health emergency should arise, you may seek help through hospital emergency room facilities or by calling 911. You may also choose to contact The Mobile Crisis Unit 24 hours, 7 days a week at (504) 826-2675. If you would like to speak with an information and referral specialist, you may do so by dialing 211 – which puts you in contact with The Louisiana 211 Program.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort are essential to your therapeutic success. If as we work together you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If it develops that you would be better served by another mental health provider, I will help you with the referral process. 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.

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 any medications that you are currently taking.

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 the client was not initially aware. If this occurs, the client should feel free to share these concerns with me.

Additional Information: A copy of this agreement will be kept in your file. You may request a copy of this agreement at any time with no charge to you.

I have read the Declaration of Practices and Procedures of Victoria Leigh Parenti, MA, LPC, NCC, and my signature below indicates my full informed consent to services provided by Victoria Leigh Parenti, MA, LPC, NCC.

Client Signature

Date

Victoria Leigh Parenti, MA, LPC, NCC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Victoria Leigh Parenti, MA, LPC, NCC
(Name of parent or legal guardian)

to conduct therapy with my _____, _____.
(Relationship) (Name of Minor)

Signature of Parent or Legal Guardian

Date