

Declaration of Practices and Procedures

Jodie E. Goens, M. A., LPC
Samaritan Counseling Center
1525 Stephens Ave.
Shreveport, Louisiana 71101
318-221-6121

Qualifications: I earned an MA degree from Louisiana Tech University in 1994. I completed additional courses to total 48 hours in 2005. I am licensed as a LPC #3506 with the LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS, 8361 Summa Avenue, Baton Rouge, Louisiana 70809 Telephone (225) 765-2515

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 have a general practice. I work with children and families and with adults. I work with individuals and with groups.

Fee Scales and Office Procedures: The fee for my services is determined by client income and is on a sliding scale from \$45 to \$125.00 per 50 minute session. The fee is paid directly to Samaritan Counseling Center and is due at the time of services. Samaritan will file claims for certain insurance companies. I have morning and afternoon appointments available Tuesday through Thursday and evening appointments on Thursday. Appointments may be scheduled, rescheduled or cancelled with the receptionist from 8:00 am to 5:00 pm Monday through Thursday or 8:00 am through 12:00 pm on Friday. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you. Additional explanation of fees and insurance coverage is available by phoning the receptionist during the above hours.

Services Offered and Clients Served: I believe problems are formed when a person or family's ability to respond creatively and resourcefully to the challenges of life is blocked. I believe problems are resolved when a person or family can create solutions through the informing of symbolic medium. I offer sandplay therapy to facilitate this problem exploration and resolution. I work with clients in a variety of formats, including individually, as couples and as families. I also conduct group therapy. I see clients of all ages and backgrounds with the exception that I do not work individually with children under six years of age.

Code of Conduct: As a Counselor, I am required by state law to adhere to the Code of Conduct for practice 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. In addition, I am a member of the Louisiana Counseling Association and the American Counseling Association and I follow their ethical codes.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared 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, elderly person (60 or older), or a dependent adult.
- 4) A court order is received directing the disclosure of information.

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. 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 permission. Any material obtained from a minor client may be shared with that client's parents or guardian.

Emergency Situations: When the receptionist is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. In an emergency situation, when an immediate response is necessary, you may seek help through hospital emergency room facilities, Brentwood Hospital at 424-6761, or by calling 911.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort is essential to success. 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. If I determine 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 the medicines 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 new concerns with me.

I have read the Declaration of Practices and Procedures of Jodie Goens, M. A., LPC. And my signature below indicates my full informed consent to services provided by Jodie Goens, M. A., LPC. and understand the above information.

Client Signature _____ Date _____

Counselor Signature _____ Date _____

Authorization for Minor Clients

I, (signature of parent or guardian) _____, give
 Permission for Jodie Goens, M. A., LPC, to conduct counseling with my (relationship)
 _____, (name of minor) _____.