

DECLARATION OF PRACTICES AND PROCEDURES

1.) Amber Morell, MS, LPC-S, CCTP
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- 2.) **Qualifications:** I earned an MS degree from Louisiana State University in 2004. I am licensed as a LPC # 3838 with the **LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS**, LAKE SHERWOOD AVE. NORTH, BATON ROUGE, SUITE A, BATON ROUGE, LOUISIANA 70816 (225-729-8444) FAX: 225-295-8448. I am a board approved supervisor of Provisional Licensed Professional Counselors.
- 3.) **Counseling Relationship:** I believe that the counseling process in which you [the client], and I [the professional counselor] having come together as a team, through trust and understanding, to search and define current difficult situations and to courageously work through the barriers that have brought you to counseling services. Being that I am a Licensed Professional Counselor (LPC) and a Licensed Professional Counselor-Supervisor (LPC-S) in a private practice setting, I will be providing therapy to you for your mental and/or behavioral health needs.
- 4.) **Areas of Expertise:** In general practice, I focus on those with mental and behavioral diagnoses, including substance use disorders, ranging from children to older adults. I offer individual, family and couples' sessions. I utilize the Diagnostic Statistical Manual (DSM-5) to diagnose and treat those with mental and behavioral health disorders, as well as substance use disorders. I have been trained in Multi-Systemic Therapy (MST), Adolescent Community Reinforcement Approach, Certified Community Care (ACC) and the following assessment tools; Global Assessment of Individual Needs (GAIN), as well as certified trainer and Addiction Severity Index (ASI.) I am a Certified Clinical Trauma Professional (CCTP) and I supervise PLPC's for LPC licensure.
- 5.) **Fee Scale and Office Procedures:** The fee for my service is \$145 for the initial assessment/intake and \$125 thereafter for psychotherapy, individual, family, or couples. PLPC's will be charged \$50 for supervision. All appointments are 45-50 minutes in duration. You, the client, will be responsible for any deductible, copay, co-insurance, or private payments at the time services are rendered. Appointments can be made via phone or email. I accept cash and credit/debit cards. There is a \$25 fee if you do not cancel your session 24 hours or more before your session.
- 6.) **Services Offered and Clients Served:** I am an LPC supervisor for Provisional LPC's (PLPC.) I see clients individually, couples and families. I see those ages 7 and up and believe that family interventions are needed when working with minors. I see clients with diverse backgrounds and will refer out if there is something beyond my scope of practice or expertise.
- 7.) **Code of Conduct:** As a Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing Board. The Louisiana LPC Board of Examiners Code of Conduct is available upon request.

- 8.) **Confidentiality:** Materials revealed in counseling will remain strictly confidential except for the following:
- 1) The member signs a written release of information indicating informed consent of such release.
 - 2) The member 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.

9.) **Privileged Communication:** It is my policy to assert privileged communication on behalf of the client, and the right to consult with the client, if possible, except during an emergency, before mandated disclosure. I will endeavor to inform clients of all mandated disclosures as conceivable. Any material obtained from a minor member may be shared with that member's parents or guardian.

10.) **Emergency Situations:** If an emergency should arise, there is a crisis line at Brentwood Hospital @ 318-765-7500. The suicide Prevention line is 1-800-273-8255. You can also text HOME to 741741 for 24/7 support. Should you or your loved one feel you are a danger to yourself, others or gravely disabled, please call 911 or got to the nearest emergency room.

11.) **Client Responsibilities:** You, the client, are a full participant in counseling. Your honesty and effort are essential to success. As we work through concerns together, your suggestions and feedback are welcomed during this process. If you are currently receiving services from another mental/behavioral health provider, I expect that you inform me of this and sign a consent form so that I can collaborate with this other professional. This will avoid any duplication of services and help you get the most effective treatment possible.

12.) **Physical Health:** Physical health can be an important factor in the emotional well-being of an individual. Physical issues can make a person more vulnerable to experiencing pain and suffering and it is recommended that you have a physical examination if you have not had one in the last year. With this, please provide me with a list of any medications that you are currently taking and what your medical concerns are to ensure your overall well-being.

13.) **Potential Counseling Risk:** The client should be aware that counseling poses potential risks. While working together, additional concerns and memories could potentially surface. If this occurs, you are strongly encouraged to discuss these new concerns when ready so that we can work through the therapeutic process together. It is my goal to practice therapeutic interventions to the best of my ability to you, the client.

14.) I have read and understand the above information.

Client Signature _____ Date _____

Counselor Signature _____ Date _____

Parental Authorization if applicable:

I, (signature of parent or guardian) _____, give permission for Amber Morell
to conduct therapy with my (relationship) _____, (name of minor)
_____. Date _____