



614 Esplanade Street  
Lake Charles, LA 70607  
Office (337) 478-1411 • Fax (337) 562-1489

## Declaration of Practices and Procedures

**Qualifications:** I earned my Master of Arts in Psychology with a concentration in Counseling Psychology from McNeese State University in 2011. I am a Licensed Professional Counselor (LPC) #6435 and hold a license with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA. 70809, (225) 765-2515.

**Counseling Relationship:** I see counseling as a process in which the client and the LPC come to a trusting and understanding relationship to explore and define present problems. Client and LPC then can work together to create future goals that can be reached through systematic interventions agreed upon by the LPC and client.

**Area of Focus:** Assisting children, adolescents, adults and senior adults experiencing depression, bipolar disorder, anxiety, excessive worry, panic, severe mood swings, hallucinations/delusions, appetite, sleep disturbances, substance abuse and other mood, behavioral or thought disorders.

**Fees and Office Procedures:** New Horizons Counseling Center handles all billing and office procedures in accordance with state laws. All insurances are subject to the rules defined within their policies. Appointments are made depending upon approval of sessions paid by insurance or self-pay from intake assessments and progress reports.

**Services Offered and Clients Served:** Cognitive-behavioral therapy is primarily used to improve the quality of life for the client by defining problems and the best solution/intervention for that client. Clients receive services through individual/couples/family therapy.

**Code of Conduct:** As an LPC, I am required by law to adhere to the Code of Conduct for practice as an LPC 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. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners.

**Confidentiality:** All confidential release forms are signed before beginning therapy as defined by this form. Material revealed during therapy sessions will remain strictly confidential except 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.

Client Name: \_\_\_\_\_

3. There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent adult.
4. A court order is received directing the disclosure of information.

Documentation is taken in the form of session summary logs. 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 communications 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 managed disclosures as conceivable.

**Emergency Situations:** You may seek help through hospital emergency facilities by calling 911 when the receptionist is unavailable to answer calls after normal office hours in an emergency situation when an immediate response is necessary.

**Client Responsibilities:** You, the client, are a full partner in therapy. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your therapy, 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 ask that you 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, I recommend that you do so. Also, please provide me with a list of any medications that you are currently taking. Please be aware that I cannot prescribe or manage medications.

**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 were not initially aware. If this occurs, you should feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Cody Durham, M.A., LPC and my signature below indicates my full informed consent to services provided by Cody Durham, M.A., LPC.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Cody Durham, M.A., LPC \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Client Name: \_\_\_\_\_