



Firm Foundations Family Counseling, LLC
2905 Evangeline St.
Monroe, LA 71201
Phone: (318) 654-7010
Fax: (318) 654-7538

Declaration of Practices and Procedures
Amber White, MA, LPC-S

Qualifications of Therapist: I earned a Bachelor of Arts degree in Psychology from Louisiana Tech University in 2008, and a Master of Arts degree in Marriage and Family Therapy from University of Louisiana at Monroe in 2010. I am licensed as a Licensed Professional Counselor Supervisor (LPC-S #4742) with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225)295-8444. I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs).

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 clients with marriage and family issues. I also focus on individual issues regarding trauma and attachment issues, using EMDR therapy. I hold a certification in EMDR (Eye Movement Desensitization and Reprocessing).

Fees and Office Procedures:

The fees for services are as follows:

Regular Therapy Sessions (50-60 min):

Therapy Sessions/Assessments \$200.00
Assessment (90791) \$130 (Discounted Self-pay Rate)
Therapy Session (90837) \$130 (Discounted Self-pay Rate)

(Or as determined by your health insurance)

No Show/Late Cancellation Fee:

Each Offense \$50.00

(A deposit will be taken by phone, before first session, to cover any no shows for first session. This will be applied to session payments, once first session is made.)

Other Charges: (Scheduling matters are not included in these fees)

Phone Calls (10-30 min) \$65 (Half of the session fee)
Phone Calls (30-60 min) \$130 (Full session fee)
Emails (3 or more) \$65 (Half of the session fee)
Texts (3 or more) \$65 (Half of the session fee)

Paperwork done for doctors,
lawyers, etc., containing

more than 3 pages \$30 printing fee

Court Appearances \$300 per hour (4 hour minimum, beginning from the time the therapist leaves the office, ending with therapist returning to office. Additional fees may apply for travel.)

All fees are to be paid directly to Firm Foundations Family Counseling. Firm Foundations Family Counseling is in network with Blue Cross Blue Shield, Vantage, and Tricare insurances. Full self-pay rate, or copayment for those using their insurance, is due at the time of service. If insurance does not pay the remainder of the fee in full, the client is responsible for the balance.



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Appointments are typically set at the close of each session. I have morning and afternoon appointments available Monday through Thursday. Appointments may be scheduled, rescheduled or cancelled with the office staff from 8:00am to 5:00pm Monday through Thursday, and from 8:00am to 1:00pm Friday. Failure to give notice for any appointment not cancelled 24 hours in advance will result in a charge of \$50 for the time reserved for you.

Services Offered and Clients Served: As a systemically trained therapist, I work from a systemic client-centered perspective, meaning that I place my focus for therapy on the reported needs of the client(s). This perspective is grounded in Systems Theory. This view sees all problems as interconnected or interdependent with the client's system (circle) of relationships and focuses on "how" something is affecting a system instead of "why". During therapy, you and I will work together to establish therapeutic goals. The overall objective of therapy is the successful resolution of the problem identified by you and me. I utilize brief therapy models in my practice of therapy, which includes Solution-Focused, MRI and narrative models. Some techniques I use in therapy include positive reframing, circular questioning, modeling communication skills, and instilling hope. I also use Eye Movement Desensitization and Reprocessing (EMDR) therapy and the required techniques in my practice. I work with clients in a variety of formats, including individually, as couples and as families. I see clients of all ages and backgrounds.

Code of Conduct: As an LPC-S, 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.

Confidentially: 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 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.

In the event of marriage and family counseling, material obtained from an adult client individually may be shared with the client's spouse, and information obtained from a minor may be shared with a 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.

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 (318-654-7010). In an emergency situation when an immediate response is necessary, please call 911 or the local police station, or go to the nearest emergency room.

Client Responsibilities: You, the client, are a 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, 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.



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Physical Health: Physical health is a key factor in one's emotional well-being. 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. While, working together, additional problems may surface of which you 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 Amber M. White, MA, LPC-S and my signature below indicates my full informed consent to services provided by Amber M. White, MA, LPC-S.

Client Signature

Date

Amber M. White, MA, LPC-S

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Amber White, MA, LPC-S to
(Name of Parent/Guardian)

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

Signature of Parent or Legal Guardian

Date