

Statement of Practices and Procedures

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Qualifications of Therapist: I have a M.A. in Marriage and Family Therapy from the University of Louisiana at Monroe and a B.A. in Psychology from the University of Louisiana at Monroe. I hold License # PLC8210 as a Provisionally Licensed Professional Counselor (PLPC) registered with the State of LA Licensed Professional Counselors Board of Examiners and Marriage and Family Therapy Advisory Committee (11410 Lake Sherwood Ave North, Ste A, Baton Rouge, LA 70809 (225-295-8444)). As a PLPC, I am authorized to provide therapeutic services to the public under the supervision of my clinical supervisor. I am contracting with the staff at Firm Foundations Family Counseling, LLC and and LPC Board-Approved Supervisor, Amber White, to provide me with the clinical supervision necessary to complete my post-graduate licensing requirements. Copies of Mrs. White's Supervisory Statement of Practice is available upon request. Amber White, M.A., LPC-S, Board Approved Supervisor is located at 2905 Evangeline Street, Monroe, LA 71201. She can be reached by office phone: (318) 654-7010. I may not practice independently or accept fees directly from clients as a PLPC.

Areas of Focus and Client's Served: I provide therapy for individuals, couples and families. I work with clients of all ages, and with many different presenting issues. I specialize in marriage and family therapy and focus my work on problems of childhood, parenthood, marital difficulties and adult difficulties that may relate to disturbances in family relationships while also building on clients' strengths and resources. 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, Narrative, MRI, and collaborative language models. Some techniques I use in therapy include positive reframing, circular questioning and modeling communication skills. Others that I often employ are instruction and modeling of communication skills, family role-playing and family sculpting, and between session interactive assignments. This "homework" is a vital part of the therapeutic process. The completion of homework is necessary if the client is to get the most from the therapeutic experience. I also use Eye Movement Desensitization and Reprocessing (EMDR) therapy and the required techniques in my practice.

Counseling Relationship and Expectation of the Client: I see counseling as a process in which you and I 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.

You are the expert of your life. This means that although collaboration to identify goals, solutions and new and different perspectives does occur between the therapist and client during sessions, ethical codes dictate that clients must make their own decisions about such things as deciding to marry, separate, divorce, reconcile or setting up child custody. That is, I will help you think through possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

Code of Ethics: I am required by law to adhere to the Louisiana Code of Ethics for Louisiana Code of Ethics for Provisional Licensed Counselors (PLPCs) and Licensed Professional Counselors (LPCs). A copy of these codes are available upon request. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners.

Privileged Communication: I am required to abide by the professional practice standards for Provisional Licensed Professional Counselor as stated in Louisiana law. I do not disclose client confidences and information to any third party, except for materials shared during supervision, without a client's written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. Stat law mandates that I report to the proper authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled adult abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm. Also note that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without your consent.

When working with couples, families, and/or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses. When working with a family or couple, information shared by individuals in sessions where other family members are not present must be held in confidence (except for mandated exceptions noted above) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individuals during couple or family therapy could impede or even prevent a positive outcome to therapy. If an impasse results from such confidentiality, referral to another therapist might result.

Amber White will monitor my work with clients. I will review my cases with Mrs. White. Part of my supervision will be group supervision where other PLMFTs and PLPCs will be present. Your signature at the end of this form includes permission for audio and/or videotaping of sessions and the sharing of information from my notes. Amber White, the other PLMFTs and PLPCs, and I will maintain confidentiality of the shared information as described in this section.

Emergency Situations: When the receptionist is unavailable to answer calls after normal business hours, you may leave a message on the answering machine and your call will be returned as soon as possible. **In an emergency situation when an immediate response is necessary, you may seek help through hospital emergency room facilities or by calling 911.**

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.

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, feel free to share this with me. You may also have the feeling of some issues getting worse before they get better. Press through, and be honest about those feelings as well, and this should pass quickly.

Fees and Office Procedures:

Regular Therapy Sessions (50-60 min):

Therapy Sessions/Assessments \$200.00
Assessment (90791) \$100-\$130 (Discounted Self-pay Rate)
Therapy Session (90837) \$100-\$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) \$50-\$65 (Half of the session fee)

Phone Calls (30-60 min) \$100-\$130 (Full session fee)

Emails (3 or more) \$50-\$65 (Half of the session fee)

Texts (3 or more) \$50-\$65 (Half of the session fee)

Paperwork done for doctors, lawyers, etc., containing more than 3 pages \$30

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.)

Appointments are typically set at the close of each session or by calling the front office. Appointments may be scheduled, rescheduled or cancelled with the receptionist from 9:00am-5:00pm Monday through Thursday and 9:00am-1:00pm on Fridays. You are required to give at least 24 hours' notice to cancel an appointment. Clients will be charged a late/cancellation/no show fee of \$50.00 that will be paid directly to Firm Foundations Family Counseling, LLC for appointments that are canceled without 24 hours' notice.

Code of Conduct: I am required by law to adhere to the Code of Conduct for practice as a PLPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of the Code of Conduct can be made available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners.

Confidentiality: Anything covered in counseling will remain strictly confidential, except for material shared with my Board-Approved Supervisor and under the following circumstances, due to the state law:

1. The client signs a written release of information indicating informed consent of 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 directly for the disclosure of information.

In marriage and family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

I have read the Declaration of Practices and Procedures of Bethany Jordan, M.A., PLPC and my signature below indicates my full informed consent to services provided by Bethany Jordan, M.A., PLPC. I am aware that Mrs. Jordan may share information with Amber White M.A., LPC-S and other PLMFTs and PLPCs for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Bethany Jordan, M.A., PLPC may be audio or videotaped for the purpose of supervision.

Client Signature _____ Date _____

Client Signature _____ Date _____

Family Therapist Signature _____ Date _____

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Bethany Jordan, M.A.,
PLPC, PLMFT, to conduct therapy with my

_____, _____.

(Relationship)

(Name of minor)

_____.

_____.

Signature of Parent or Legal Guardian

Date