

Emily Hill, LPC, NCC
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DECLARATION OF PRACTICES AND PROCEDURES

Qualifications:

I earned a Master of Science degree in Counseling from Southeastern Louisiana University in December 2017. I am licensed as a LPC 7314 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 also a National Board-Certified Counselor (#996375). I am currently a doctoral student in the Counselor Education and Supervision program at The Chicago School for Professional Psychology. I am both supervising a master's level counseling student and receiving my own supervision.

Counseling Relationship:

The counseling relationship will be based on trust, honesty, and the commitment of the client and the counselor to work collaboratively to uncover issues, identify strengths, support systems, establish goals, and work towards mental health stabilization. As the counselor, I am here to be a nonjudgmental, unbiased listener. I will refrain from imposing my own personal values or providing advice.

Area of Focus:

I focus on working with children, adolescents, adults, couples, and families with a variety of mental health concerns and diagnoses, including but not limited to those involving behavior issues, anxiety, anger, trauma, grief and loss, and depression in a private-practice setting.

Fee Scales and Other Procedures:

Appointments are typically scheduled one time per week for approximately 50 minutes per session. The length of the entire therapy process varies greatly. However, the goal is for the client or family to be able to sustain life without therapy, and we will work toward that goal as quickly as possible, while remaining safe and true to the client's goals.

Appointments are typically scheduled at the close of each session but may also be scheduled by calling 318-654-7162. Appointments are available for mornings, mid-day, afternoons, and evenings Monday through Friday and may be cancelled or rescheduled 24 hours in advance by calling 318-654-7162.

All fees will be paid directly to Firm Foundations Family Counseling. The fees for services are as follows:

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

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 three 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.)

Services Offered and Clients Served:

My theoretical approach to counseling is based on the existential theory. It is my belief that people are constantly evolving and ascribing meaning to events in their lives. I believe that every individual has the power to make choices that affect their lives. It is my position that through the counseling relationship, the client will be able to reach a greater level of self-awareness and therefore make personally meaningful choices for their own futures.

I provide therapy services for families, couples, and individuals. I work with clients of all ages and backgrounds, and with many different presenting issues.

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. Likewise, as a Nationally Certified Counselor (NCC) and a member of the Louisiana Counseling Association (LCA), I am also required to adhere to the Code of Ethics adopted by these organizations. A copy of each of these codes of ethics are also available to you upon request.

Confidentiality:

Material revealed in counseling will remain strictly confidential except for 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 or 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.

Should I see a client/client's parents in public, I will not acknowledge you as to not break counselor-client confidentiality. Although I do have a professional business Facebook page that clients have the option to follow, in respect to confidentiality, I will not friend/follow clients/client's parents on social media. I also will not respond to messages on social media as this is not a secure means of communication.

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 apprise clients of all mandated disclosures as conceivable.

Emergency Situations:

In the event of an emergency, you may seek help through hospital emergency facilities at St. Francis Medical Center in person or by phone at (318) 966-4000 or by calling 911.

*Text messages and email may not be used to communicate crisis or emergency situations.

Please note that all client correspondence (email, text, voicemails) sent to the counselor will be responded to within 48 hours of receipt of your correspondence.

Client Responsibilities:

The client is a full partner in the counseling process. It is the client's responsibility to fully participate and progress both in and out of the sessions. The client must be willing to engage in honest disclosure of feelings, behaviors and experiences. If the client should develop any intense feelings or concerns that need to be addressed in session, it is the client's responsibility to bring up these issues with the counselor so that they can be addressed and growth will not be hindered. If the client is seeing another mental health professional, it is up to the client to inform me of this and give consent for me to share information with that professional in order to maximize client productivity.

Physical Health:

Physical health is just as important as mental well-being. If any person in the counseling process has not had a physical in the last year, it is recommended that they do so and to please list any medications that you are taking.

Potential Counseling Risks:

In the counseling process, additional problems may surface that you were not previously aware of. If this happens, you are urged to discuss new concerns with me.

Preferred Method(s) of Communication: The following means of communication are offered for client general questions and concerns, appointment confirmations and reminders, record requests, etc. Texting should be used for appointment reminders and scheduling ONLY. Please do not text or email emergency information or information that needs to be discussed in a confidential session. For all means of communication, I will respond within 72 hours of my receipt on my device during office hours. By selecting an option(s), you give Emily Hill, LPC, permission to contact you using your selected choice(s):

Phone Call _____ (general/reminders/records)
Text _____ (appointments/reminders)
Email _____ (general/reminders/records)
Fax _____ (general/reminders/records)

***Please note that these options are HIPPA compliant on the counselor's devices but may not be secure on your/the client's devices.

I have read the Declaration of Practices and Procedures of Emily Hill, LPC, NCC and my signature below indicates my full informed consent to services provided by Emily Hill, LPC, NCC. I understand the above information and have had an opportunity to ask questions and gain clarity on the information that I did not understand.

Client Signature: _____ Date: _____

Emily Hill, LPC, NCC: _____ Date: _____

Parental Authorization:

I, _____, give permission for Emily Hill, M.S., LPC, NCC to conduct counseling with my (relationship) _____, (name of minor) _____.

Signature of Parent/Legal Guardian: _____ Date: _____

TELEBEHAVIORAL HEALTH INFORMED CONSENT

Introduction of Telebehavioral Health: As a client receiving behavioral services through telebehavioral health technologies, I, the undersigned client, understand:

- Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video, and/or other electronic communications) between a practitioner and a client who are not in the same physical location.
- The interactive technologies used in telebehavioral health incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Software Security Protocols: Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

Benefits and Limitations: This service is provided by technology (including but not limited to video, phone, text, apps, and email) and may not involve direct face-to-face communication. There are benefits and limitations to this service:

- Regardless of the sophistication of today's technology, some information the practitioner would typically get in an in-person appointment may not be available in a telehealth appointment. Such missing information could in some situations make it more difficult for the practitioner to understand symptoms and help clients create progress. The practitioner will not be able to physically come in contact with clients or tender any in-person emergency assistance if the client experiences a crisis.
- Limitations of Confidentiality:
 - Under the law, and regardless of what form of communication used in working with the practitioner, the practitioner may be required to report to law enforcement, emergency response personnel, or other legal governing bodies information suggesting that I have engaged or plan to engage in behaviors that endanger myself or others.

Ethical and Legal Rights, Responsibilities, and Limitations Within and Across State Lines and/or International Boundaries: The Licensed Professional Counselor shall abide by the following rights, responsibilities, and limitations within and across state lines and/or international borders when providing telebehavioral health services:

- The Licensed Professional counselor will provide services consistent with the jurisdictional licensing laws and rules in both the jurisdiction in which Licensed Professional Counselor is physically located and where the client is physically located.
- Licensed Professional Counselors providing telebehavioral health services to clients outside of Louisiana must comply with the regulations in the state in which the client is located at the time of service. The Licensed Professional Counselor shall contact the licensing board in the

state where the client is located and document all relevant regulations regarding telebehavioral health.

- A Licensed Professional Counselor who is a nonresident of Louisiana who wishes to provide telebehavioral health services in Louisiana must be licensed by the board.”

Risks: Telebehavioral health is a new delivery method for professional services and may have potential risks, possibly including some that are not yet recognized. Among the risks that are presently recognized is the possibility that the technology will fail before or during the appointment, that the transmitted information in any form will be unclear or inadequate for proper use in the appointment(s), and that the information will be intercepted by an unauthorized person(s). In rare instances, security protocols could fail, causing a breach of privacy of personal health information. I understand that the consulting practitioner may request to see my surroundings at the time of/during the appointment.

Technology Requirements: As a client receiving telehealth services, I understand that I will need access to, and have familiarity with, the appropriate technology in order to participate in the service provided, including but not necessarily limited to a webcam and microphone with audio and visual capabilities.

Disruption of Service: Should service be disrupted; the practitioner will first attempt to reconnect and then contact the client via telephone call if reconnection is unsuccessful. For other communication, the practitioner may follow-up via text message or email as outlined in the practitioner’s Declaration of Practices and Procedures under “Preferred Method(s) of Communication.”

Mobile Application: Client private health information may be transmitted from my practitioner’s mobile device to my own or from my device to that of my practitioner via an application (“app”).

- I understand that a variety of alternative methods of behavioral health care may be available to me and that I may choose one or more of these at a time. My behavioral health care provider has explained the alternative to my satisfaction.

Local Practitioners: If a need for direct, in-person services arises, it is my responsibility as the client to contact practitioners in my area such as local emergency response personnel or to contact my behavioral practitioner's office for an in-person appointment, or my primary care physician if my behavioral practitioner is unavailable. I understand that an opening may not be immediately available in either office.

Modification Plan: My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.

Practitioner Communication: My practitioner may utilize alternative means of communication in the following circumstances:

- Appointment reminders, cancellations, and rescheduling.
 - My practitioner will respond to communications and routine messages within 48 hours upon receipt during regular business hours which are Monday-Friday 8:00 am - 5:00 pm.

Client Communication: It is the client’s responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.

- I will take the following precautions to ensure that my communications are directed only to my mental health provider or other designated individuals:
 - _____
 - _____
 - _____

Records/Storage: Telebehavioral appointments may be recorded and stored electronically as a part of my medical records with my written consent. Consultations, test results, and disclosures will be held in confidence subject to state and/or federal law. Communication exchanged with the practitioner may be stored via the practitioner’s secure online note-taking software. I understand that as a client I am ordinarily guaranteed access to my records and that copies of records of appointments are available to me at my written request. I also understand, however, that if my practitioner, in the exercise of professional discretion, concludes that providing my records to me could threaten the safety of a human being, myself or another person, he/she may rightfully decline to provide them. If such a request is made and honored, I understand that I retain sole responsibility for the confidentiality of records released to me and that I may have to pay a reasonable fee to obtain a copy. I understand that I am not authorized to record sessions with my provider without written consent from my provider.

Laws and Standards: The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

Exchange/Transmission of Information: The exchange of information will not be direct, and any paperwork exchanged will likely be provided through electronic means or through postal delivery. During the telebehavioral appointment, details of the client’s medical history and personal health information may be discussed with the client and/or other behavioral health care professionals through the use of interactive video, audio, and/or other telecommunications technology.

- I agree to participate in technology-based consultation and other healthcare-related information exchanges with Emily Hill, LPC, a behavioral health care practitioner (“practitioner”). This means that I authorize information related to my medical and behavioral health to be electronically transmitted in the form of images and data through an interactive video connection to and from the above-named practitioner, other persons involved in my health care, and the staff operating the technology equipment.

Equipment: I represent that I am using my own equipment to communicate and note equipment owned by another, and specifically not using my employer’s computer or network. I am aware that any information I enter into an employer’s computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.

Identification: I understand that I will be informed of the identities of all parties present during the appointment or who have access to my personal health information and of the purpose for such individuals to have such access.

Telebehavioral Health Process: My health care practitioner has explained how the telebehavioral health appointment is performed and how it will be used for my treatment. My behavioral practitioner has also explained how the appointment(s) will differ from in-person services, including but not limited to emotional reactions that may be generated by the technology.

Additional Services: I understand that it is my duty and responsibility to inform my practitioner of electronic interactions regarding my care that I may have with other health care providers.

Electronic Presence: In brief, I understand that my practitioner will not be physically in my presence. Instead, we will see and hear each other electronically, or that other information such as information I enter into an app will be transmitted electronically to and from myself and my practitioner.

Release of Information: I authorize the release of any information pertaining to me determined by my practitioner, my other health care practitioners, or by my insurance carrier to be relevant to the appointment(s) or processing of insurance claims, including but not limited to my name, Social Security number, birth date, diagnosis, treatment plan, and other clinical or medical record information.

Emergency Protocol: In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:

- In emergency situations, I will contact 911 and/or go directly to the nearest Emergency Room.
- My practitioner may contact 911 or local emergency response personnel on my behalf.
- I acknowledge, however, that if I am facing or if I think I may be facing an emergency situation that could result in harm to me or another person, I am not to seek telebehavioral consultation. Instead, I agree to seek care immediately through my own local healthcare provider or at the nearest hospital emergency department or by calling 911.
- These are the names and telephone numbers of my local emergency contacts (including local physician, crisis hotline, trusted family/friend):
 - _____
 - _____
 - _____

Discontinuing Care: I understand that I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, or benefits. I understand that at any time, the appointment(s) can be discontinued either by me or by my mental health care practitioner. I further understand that I do not have to answer any question that I feel is inappropriate or whose answer I do not wish personas present to hear; that any refusal to participate in the appointment(s) or use of technology will not affect my continued treatment and that no action will be taken against me. I acknowledge, however, that diagnosis depends on information, and treatment depends on diagnosis, so if I withhold information, I assume the risk that a diagnosis might not be made or might be made incorrectly. Were that to happen, my telehealth-based treatment might be less successful than it otherwise could be, or it could fail entirely.

Alternatives: The alternatives to telehealth appointments have been explained to me, including their risks and benefits, as well as the risks and benefits of going without treatment. I understand that I can still pursue in-person appointments. I understand that the telebehavioral health appointment(s) does not necessarily eliminate my need to see a specialist in person, and I have received no guarantee as to the telebehavioral appointment's effectiveness.

Contact Information: I have received a copy of my practitioner's contact information, including his/her name, telephone number with voicemail, business address, mailing address, and e-mail address. I have access to contact information for local support services in case of an emergency, and I am aware that my practitioner may contact the proper authorities and/or my designated local contact person in case of an emergency.

Release of Liability:

- **I unconditionally release and discharge Emily Hill, LPC from any liability in connection with my participation in the remote appointment(s).**

Agreement and Consent:

- **I certify that I have read this document carefully and fully understand the benefits and risks. I have had the opportunity to ask any questions and I have and have received satisfactory answers.**
- **With this knowledge, I voluntarily consent to participate in the telebehavioral appointment(s), including but not limited to any care, treatment, and services deemed necessary and advisable, under the terms described herein.**

Client Signature _____ Date _____

Emily Hill, LPC, NCC _____ Date _____

Parental Authorization/Consent to Treat a Minor:

I, _____, give permission for Emily Hill, NCC, LPC to conduct telebehavioral health appointments with my (relationship) _____, (name of minor) _____.

Signature of Parent/Legal Guardian Date