

Declaration of Practices and Procedures

Lesley Ann Lowman, M.A., LPC

Firm Foundations Family Counseling, 2905 Evangeline St, Monroe, Louisiana 71201

(318) 654-7010

Qualifications: I earned a Masters of Arts degree in Marriage and Family Counseling from New Orleans Baptist Theological Seminary in 2016. I am a Licensed Professional Counselor (LPC) # 6879 with the Louisiana LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809 (225-765-2515).

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 systemic fashion toward realizing those goals.

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

Services Offered and Clients Served: I approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions. I work with clients in a variety of formats, including individually, as couples and as families. I also conduct group therapy. I also provide EMDR therapy as a way to help process trauma from the past and address current stressors.

Code of Conduct: As a LPC, I am required by law to adhere to the Code of Conduct for practice as a 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 a LPC, you may contact the Louisiana LPC Board of Examiners.

Confidentiality: 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 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.

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: In the event of an emergency during business hours, call the office at (318) 654-7010 for assistance and guidance over the phone. If the therapist is in session or after hours, you may leave a message on the voice mail and your call will be returned as soon as possible. **Please call 911 or go to your nearest emergency room if assistance is needed immediately.**

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.

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, 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. In the course of 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.

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.)