

## Declaration of Practices and Procedures

Scarlett Stansbury, M.A, PLPC, PLMFT  
Firm Foundations Family Counseling  
2905 Evangeline St.  
Monroe, LA 71201  
Phone: (318) 654-7010  
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**Qualifications of Therapist:** I earned a Master of Arts degree in Marriage and Family Therapy from the University of Louisiana Monroe in 2022. I am a Provisional Licensed Professional Counselor (PLPC) #PLC9019 and Provisional Licensed Marriage and Family Therapist (PLMFT) #PLM1462 and hold provisional licenses with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, 225-295-8444. The Louisiana LPC Board of Examiners has approved Emily Jones, Ph.D., LMFT-S, LPC-S, 622 Riverside Dr. Monroe, LA 71201 318-399-0945 as my LPC Board-Approved Supervisor. Dr. Jones is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) and is approved to supervise PLPCs and PLMFTs obtaining supervised experience hours needed to be fully licensed as a LPC and LMFT in the State of Louisiana.

**Counseling Relationship:** I place great emphasis on the therapeutic relationship/therapeutic alliance. This means I seek to develop a mutual trust, respect, rapport, and open communication between myself and the client. I believe that by doing this, the client and I can operate as a team in order to work towards accomplishing their goals. The duration and frequency of therapy will vary for each client, and we will work together to determine what fits best with the client's needs.

**Areas of Focus:** I provide person-centered therapy for individuals, couples, and families. I also focus on individual issues regarding trauma and attachment issues, using EMDR (Eye Movement Desensitization and Reprocessing) therapy. I have obtained basic training in EMDR. I am also a member of the American Association for Marriage and Family Therapists (AAMFT).

### **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 matter not included in these fees)

Phone Calls (10-30 min)

Phone Calls (30-60 min)

Emails (3 or more)

Texts (3 or more)

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.)

Also note that certain types of litigation (such as child custody suits) may lead to the court-ordered release of information without your consent. Again, this will only be released if it has been court-ordered by a judge or the client has given written consent to release the information. Please note, the therapist, Scarlett Stansbury, PLPC, PLMFT does not attend court. If the presence of the PLPC/PLMFT is requested in court, then you, the client, are responsible for covering a fee of \$400 per hour for both the presence of both the PLPC, Scarlett Stansbury, and the PLPC's LPC-Board Approved Supervisor, Dr. Emily Jones, Ph.D., LPC-S, LMFT-S.

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

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.

**Services Offered and Clients Served:** I work with clients in various arrangements, including individually, as couples, and as families. I will see clients of all ages and backgrounds. As a systemically trained therapist, I work from a person-centered, systemic perspective, *person-centered* meaning that I place my focus for therapy on the reported needs of the client(s). *Systemic*, meaning I see all problems as interconnected or interdependent. Also, the client's system (circle) of relationships plays a significant role in this therapeutic approach. During therapy, the client and I will work together to establish realistic therapeutic goals. From there, I will employ therapeutic techniques and/or interventions that I believe will be helpful in the therapeutic process. If the client consents, we will use Eye Movement Desensitization and Reprocessing (EMDR) therapy in order to address individual areas of concern e.g., trauma, anxiety etc. I will also use other therapeutic techniques/ methods in my practice such as Gottman Method Couples Therapy, for couples.

**Code of Conduct:** As a PLPC and PLMFT, I am required by law to adhere to the Code of Conduct for practice as a PLPC and PLMFT 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 PLPC and PLMFT, 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.

As a PLPC and PLMFT, I may be required to audio or videotape our sessions. These will only be shared with my LPC Board-Approved Supervisor or other PLPCs and PLMFTs and may only be used for the purpose of supervision towards licensure.

In order to be an ethically responsible PLPC and PLMFT, it is important for me to consult with other professionals from time to time. As such, it is my practice to meet with a "peer consultation" group. This practice is encouraged by my Code of Conduct. No identifying information is given during peer consultations.

**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.

**After Hours/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 best serve you.

**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 Scarlett Stansbury, M.A, PLPC, PLMFT and my signature below indicates my full informed consent to services provided by Scarlett Stansbury, M.A, PLPC, PLMFT. I am aware that Scarlett Stansbury may share information with Emily Jones, Ph.D., LMFT-S, LPC-S and other PLMFTs and PLPCs for the sole purpose of supervision toward LMFT and LPC licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Scarlett Stansbury, M.A, PLPC, PLMFT may be audio or videotaped for the purpose of supervision.

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Client Signature

Date

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Scarlett Stansbury, M.A, PLPC, PLMFT

Date

Parent/Guardian Consent for Treatment of a Minor:

I, \_\_\_\_\_, give my permission for Scarlett Stansbury, M.A, PLPC,  
(Name of Parent/Guardian)

PLMFT to conduct therapy with my \_\_\_\_\_, \_\_\_\_\_.  
(Relationship) (Name of minor)

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Signature of Parent or Legal Guardian

Date