

Declaration of Practices and Procedures

Roseanna Hoover, LPC
Compassion Counseling
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Qualifications: I earned a Masters of Science degree in Counseling from Southeastern Louisiana University in 2017. I am a Licensed Professional Counselor (LPC) #LPC 7049 and hold a license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave North, Suite A, Baton Rouge, LA 70816 (225-295-8444).

The Counseling Relationship: I seek to create a safe, trusting environment where you, the client, and I, the LPC, will work as a team to identify and explore problematic areas, develop future goals for an improved life and work in a systematic fashion toward realizing those goals.

Areas of Focus: I work in with a general area of practice which focuses on individuals who may be struggling with the following areas: marriage and family, relationships, issues related to early childhood/parenting, substance use, trauma, crisis intervention, communication, emotional regulation, self esteem issues, and grief and loss. The policies herein apply to both In-person Services and Teletherapy Services, unless otherwise noted herein.

Fee Scale and Office Procedure: The fee for services is \$125.00 per fifty (50) minute session and \$70.00 per thirty (30) minute session. Payment for services is due at the close of each session and must be paid in the form of cash, check, or credit card. Fees should be paid directly to Compassion Counseling, LLC. A fee of \$50.00 shall be charged for all missed appointments that are scheduled, missed, but not cancelled at least 24 hours in advance. As services are provided, payments shall be made in the form of cash, check or credit card. You also hereby agree to pay a \$25.00 service charge for any NSF checks or denied credit/debit card charges.

Appointments are typically set at the close of each session. I have morning and afternoon appointments available Monday through Friday. Appointments may be scheduled, rescheduled or cancelled via email, phone call, or text from 8:00am to 4:00pm Monday through Friday.

Insurance Payments:

I do accept Blue Cross Blue Shield of Louisiana and you hereby, with your signature below, assign and transfer any benefits payable for services rendered to Compassion Counseling, LPC; but you are ultimately responsible for payment of all charges incurred, should your insurance provider not pay said charges. You also hereby authorize refund to your insurance company of any overpaid insurance

benefits, although you agree that any overpayment due will first be applied to any unpaid balance on your account.

Services Offered and Clients Served: I take an integrative approach to counseling, incorporating cognitive-behavioral therapy in that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions. I include expressive arts, sand tray exercises, and play-based activities as possible intervention used in session. I work with clients in a variety of formats (in-person or teletherapy), including individually, family/support sessions, or group therapy. I see adult, adolescent, and child clients (ages 5 and up) from all backgrounds.

Code of Conduct: As a LPC, I am required by state 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 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, materials 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 materials 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: Phone calls and emails are returned during normal business hours which are Monday-Friday from 9:00am-4:00pm. When I am unable to answer calls after normal office hours, you may leave a message on the answering machine or send an email and I will respond as soon as possible the next business day.

In the event an emergency arises when an immediate response is necessary after hours, do not communicate through email. If you are unable to reach me by phone,

you may seek help through hospital emergency facilities, by calling 911, or by calling the National Suicide Prevention Lifeline 1-800-273-8255.

Client Responsibilities: You, the client are full partner in counseling. Your honesty, effort, and input 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 your 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: Your physical health can have a major impact on your mental health. It is recommended that you received a complete physical examination in addition to your sessions if you have not already received one within the past year. If you are on any type of medications, I expect you to inform me as well as your medical provider.

Potential Counseling Risks: The client should be aware that counseling poses potential risk. 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. Internet technology data breaches are a fact of life, even with multi-layered cybersecurity defenses, and are likely to occur. Healthcare organizations are often targeted by cybercriminals and it is impossible to implement impenetrable security defenses. When such breaches occur, I am required to notify the Office of Civil Rights, and the effect client(s) regarding the nature of the breach. HIPAA and HiTech administrative, physical and technical safeguards have been adopted to ensure the confidentiality, integrity, and security of paper/electronic protected health information (PHI) when stored, maintain, or transmitted. Access to PHI is limited and based on the user / recipient's role (role-based access). Thus, access is limited to the client, client's counselor/psychotherapist, administrative/clinical supervisor, and Medical Billing/Claims Specialist. Person / Entity Authentication is used in the verification of individual access to ePHI. (PINs, passwords, etc.).

I have read the Declaration of Practices and Procedures of Roseanna Hoover, M.S. LPC and my signature below indicates my full informed consent to services provided by Roseanna Hoover, M.S. LPC.

Client Signature	Date
Roseanna Hoover, M.S., LPC	Date

I, _____, give my permission for

Roseanna Hoover, M.S., LPC to conduct therapy with my

_____, _____.

(Relationship)

(Name of minor)

Signature of Parent of Legal Guardian

Date