

Declaration of Practices and Procedures

Jeremy Heath Broussard, PhD
Licensed Professional Counselor
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1. **Qualifications:** I have a Doctorate of Philosophy Degree in Counseling Studies from Capella University. I am a Licensed Professional Counselor (# 3970) with the LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA 70809; (225)-765-2515. I am an active member of the American Counseling Association, Louisiana Counseling Association, and the International Association of Marriage and Family Counseling.
2. **Counseling Relationship:** My goal as a counselor is to create a warm and caring environment that will allow us to explore your thoughts, emotions, behaviors, and physiological responses to problematic situations. Through our relationship, based on trust and respect, we will work as a team to identify goals that will improve your well being and lifestyle.
3. **Areas of Expertise:** My theoretical orientation is based on an existential framework aimed at helping individuals discover the meaning and purpose of their life as each individual struggles with feelings of loneliness, helplessness, anxiety, sadness, and one's own mortality. Discovering meaning in one's life requires that the individual take responsibility for the freedom he or she has in the choices he or she makes. Other areas of focus include grief/bereavement, behavioral problems, sexual orientation, relationship issues, and anger management.
4. **Fees Scales:** Fees are \$150 for the initial assessment and \$130 for each **50 minute** session. Payment is due at the time of service. Clients will be charged \$50 for appointments that are broken or cancelled without a 24 hour notice. Fees for letters requested by the client are \$100.00 (Office of Juvenile Justice, Probation Officers, Parish School Board). Clients involved in the legal system are required to sign Court Fees and Court Appearances (Addendum A). Major insurances and EAP's are accepted. If you have any problems with my billing, please discuss it with me so that it does not interfere with your therapy. In the event that these problems cannot be resolved, accounts past 90 days will be submitted to a collection agency.
5. **Services offered and Clients Served:** I offer counseling services for individuals, couples, children, and families. I use an integrated approach that includes existentialism, cognitive behavioral therapy, and family structural therapy. In addition to helping clients find meaning in their lives, my goal is to help clients identify and replace unhealthy, irrational beliefs with healthy, rational beliefs aimed at fulfilling their needs and meeting their goals. I work with all age groups and clients from different ethnic and religious/spiritual backgrounds.
6. **Code of Conduct:** As a licensed professional counselor I am required by law to adhere to the code of conduct for practice that has been adopted by my licensing board. Copies of these codes are available upon request.
7. **Privileged Communication:** I am required by law to abide by the professional practice standards for licensed professional counselors and Louisiana Law. Any information disclosed to me will remain strictly confidential except for material shared under the following circumstances: (1) The client signs a written release of information giving me permission to disclose material; (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 a dependent adult, or (4) A court order is received directing the disclosure of information.

During marriage or family counseling, information shared by individuals in session where other family members, including spouse, are not present must be held in confidence (except for the aforementioned mandated exceptions) unless all individuals involved sign a written release of information. For minor clients, any information disclosed to me may be shared with the client's parent or guardian.

8. **Emergency Situations:** If an emergency situation should arise, please contact the Help Hotline at 232-HELP (232-4357), Abbeville General Hospital at 893-5466, University Medical Center at 261-6000, or dial 911.

9. **Client Responsibilities:** As a client, your responsibilities include: (1) setting, keeping, and cancelling your appointments; (2) paying your fees at the time of your visit; (3) helping to plan and follow through with your goals, and (4) being an active partner throughout the therapeutic process. If you have concerns or suggestions while working with me, I expect you to express these to me so that a proper arrangement can be made. If at any point during the counseling process it becomes clear that you could benefit from another mental health professional, I will provide you with the necessary referral. If you are currently receiving services from another mental health professional, I expect you to inform me of this. The client may be asked to sign a written release of information so that both professionals can work cooperatively to improve the client's mental health. If the client is currently receiving mental health counseling from another professional, it is my decision whether we shall enter a therapeutic contract together.

It is the client's responsibility to make their own decisions regarding marriage, separation, divorce, reconciliation, and issues related to custody and visitation. My goal is to help you, the client, process your thoughts and feelings related to any decision you may make. My ethical code prohibits me from advising you to make a specific decision.

10. **Physical Health:** Physical health can be an important factor in the emotional wellbeing of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. It is also recommended that you inform me of any medications you are taking and the physicians you are seeing.

11. **Potential Risks of Counseling:** The client should be aware that counseling poses potential risks. In the course of working together additional problems or feelings (i.e., anger, depression, anxiety, etc.) may surface of which the client was not initially aware. If this occurs, the client should feel free to share these new concerns with me.

I have read and understood the above information.

Client Signature _____ Date _____

Counselor Signature _____ Date _____

Parental Authorization: (to work with children/adolescents)

I, _____ (parent), give permission for Jeremy H. Broussard, PhD, LPC to conduct counseling with my _____ (relationship), _____ (name of the minor).