

Practice Setting
Rita M. Cook, MA, LPC
Springhill Family Counseling, LLC
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Please read this statement of practices and procedures carefully and retain a copy for your records. It contains important information about me, what you can expect from the therapy process, and how to make the most of your experience in therapy. As a client, you have the right to a clear understanding of the therapy process as outlined. If you have any questions, please ask.

Declaration of Practices and Procedures

Qualifications

Education: I earned a Master of Arts degree from Louisiana Tech University in School Counseling. I took additional course work to qualify for licensure. I also earned a Bachelor's Degree in Education from Louisiana Tech University.

Licensure: I am a Licensed Professional Counselor #3806. My license is administered by the LPC Board of Examiners which is located at 8631 Summa Avenue, Baton Rouge, LA 70809. Phone: (225)765-2515. I am also a Nationally Certified Counselor (NCC #207607) and a Nationally Certified School Counselor (NCSC #207607).

Professional Organizations: I am a member of the Louisiana Counseling Association.

Experience: I have been in the field of education for the twenty years as an elementary and special education teacher. I have been a school counselor for fifteen years helping teachers, parents, and children deal with academic, behavioral, and emotional problems of children.

Areas of Focus and Style of Practice

I work in the area of marriage and family therapy with a focus on the problems of childhood and parenthood. I work from a structural/strategic orientation to help empower family members. I see counseling as the process where the parent, the child, and I work together to develop a plan to achieve identified goals or to solve specified problems. The emphasis of therapy is to help the client find workable solutions and resources necessary to put these solutions to action in a time-limited fashion.

I also work with students who have academic or learning problems. I am a certified elementary and special education teacher. I am a certified school counselor that has worked many years in helping students with school problems. I have received training in how to help students with learning difficulties.

Types of Clients Served

I work with adults, teenagers, and children. When working with teenagers and children, I strongly prefer to work with the whole family. Unwillingness or inability of family members to participate in therapy may result in referral.

Routine Business Procedures and Practices

Making/Breaking Appointments: Sessions are by appointment only. Appointments can be made, changed, or canceled by phone or in person. Note that an appointment canceled or changed with less than 24 hours notice may result in a charge for that session. Also, excessive “no-show”, cancellations, or reschedules on the part of the client could result in referral.

Office hours: Office hours are from 9:00 to 5:00 Monday through Friday.

Standard Fees: My fee for an initial session \$125. Subsequent sessions of 45 to 60 minutes are \$100. Fee for group participation is \$20 per session. Full payment for services rendered is expected after each session. *Inability to pay full fee or nonpayment of fees may result in referral. I am working on the process of being Medicare/Medicaid certified.*

Ethical Code of Conduct/Legal Requirements

I am required by law to adhere to the Code of Conduct for Licensed Professional Counselors (LPC). A copy of this Code of Conduct is available to you upon request.

Confidentiality: By law, I am prohibited from releasing any information regarding your therapy to any third party without a signed release that reflects your informed consent. Electronically submitted or reproduced releases without an original signature (fax, e-mail, attachment, photocopy) or verbal permission may be accepted, but only in the case of an emergency.

Exceptions to Confidentiality: There are certain conditions and circumstances that require confidentiality to be broken by a therapist. Specifically, it must be reported to appropriate authorities when:

- The client expresses intent to harm him/herself (suicide) or someone else (homicide). In the latter case, the therapist has a duty to warn the individual who is being threatened and to contact the proper authorities.
- There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult.

There are other circumstances that may limit the rule of confidentiality. Certain types of litigation, such as child custody, may result in a court ordered release of information without your consent.

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 inform clients of all mandated disclosures as conceivable.

Clinical Situations that Affect Confidentiality: Special clinical situations may exist that require informed consent of the client in order for information to be released. For example, in couple, family, or group therapy, information cannot be released to a party outside the treatment context about any certain individual without the written consent of all parties being treated. Information shared by individuals in a private session where other family members are not present must be held in confidence (except for the mandated exceptions already stated) unless that individual signs a release of information. Note, however, that maintaining confidentiality for individual sessions during couples or family therapy could impede or even prevent a positive outcome to therapy.

While I am bound by confidentiality in a marital, family, or group setting as described above, I cannot be responsible for information shared by family or group members with others outside the treatment context. Sessions thereafter are usually scheduled one time a week, and are devoted to establishing mutually agreed upon goals for therapy and developing strategies to meet those goals. The length of the therapy process depends on the nature and severity of the presenting problem. However, most problems are successfully resolved in eight to ten

sessions.

At the end of the sessions, “homework” may be assigned to the client. This homework is important to the therapy process; therefore clients are strongly encouraged to complete these assignments to maximize the effectiveness of their counseling experience.

Potential Risks

As a client works to make changes through participation in family therapy relationships, other individuals in the client's social system may not benefit from these changes. Such changes may affect relationship patterns which may produce unpredicted and/or adverse responses from other people in the client's social system.

As the result of mental health counseling, a client may realize that he/she has additional issues which may not have surfaced prior to the formation of the counseling relationship.

In Case of an Emergency

When an emergency arises and an immediate response is required, clients should call the Willis-Knighton Behavioral Medicine Unit located at 2510 Bert-Kouns Industrial Loop in Shreveport, Telephone number (318)212-5200. Emergency services are available twenty-four hours a day, seven days a week.

Client's Statement of Understanding/Consent to Treat

My signature below signifies that I have read and understand the information contained in this document and agree to treatment under these terms. If I am the parent or guardian of an individual that I am bringing to treatment that is not capable of providing informed consent because of age or handicap, I agree to print their names below. My signature indicates that I am responsible for their welfare, have considered their best interest, and agree to treatment under these terms on their behalf.

I understand that I accept responsibility for informing anyone I invite into therapy from this point on about the information contained in this document as it may apply to them.

Responsible Client, Parent, or Guardian

Date

Responsible Client, Parent, or Guardian

Date

Responsible Client, Parent, or Guardian

Date

Responsible Client, Parent, or Guardian

Date

Non-responsible Participants (please print):
(minors/children)

I have reviewed the information in this document with the client, given the opportunity to ask questions about its content, and witnessed their signature.

Rita McClure Cook, MA, LPC

Date

Address:

phone #

