

## **Declaration of Practices and Procedures**

**Aimee' Dupuy, MS, LPC**

**Hope Healing Joy Counseling Center**

**1003 S Hugh Wallis Rd, BLDG E**

**Lafayette, LA 70508**

**(337) 534-8140**

I earned an MS degree in Counselor Education from University of Louisiana at Lafayette. I am registered with the LPC Board of Examiners as a Licensed Professional Counselor # 6592; LPC Board of Examiners 11410 Lake Sherwood Ave. North Suite A., Baton Rouge, LA 70816; (225)295-8444.

### **Counseling Relationship:**

I see counseling as a process in which you, the client and I, the LPC, 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 systematic fashion toward realizing those goals. The overall objective for counseling is always the successful resolutions of the issues that are deemed the most important through the collaborative process.

### **Areas of Focus:**

I work with adolescents, adults, and couples who are dealing with a variety of presenting problems including depression, anxiety, relationship issues, behavioral issues, academic issues, low self-esteem, and other mood, behavioral, or thought disorders.

If your issues are in an area that I don't feel qualified to treat, I will discuss this with you and attempt to refer you to a professional who is better qualified to treat you

### **Fee Scales:**

Intake Session (60 minutes) \$150

Therapy Sessions (60 minutes) \$135

Insurance may be submitted out of network.

Insurance rates honored as per individual plan policies.

Payment is due at time of session. All payments must be paid to Aimee S. Dupuy., LPC. If your check is returned by your bank, you will be charged an additional \$15.00. Cash, check, and MC/VISA are accepted. Appointments are typically set at the close of each session.

Appointments may be scheduled, rescheduled, or cancelled by calling the number above. If your call is not answered, you may leave a message and your call will be returned within one business day.

Please be on time for your appointment as other clients may be scheduled after your appointment. If you are late for your session, the session will end at the scheduled time and you will be responsible for the entire fee. If you must cancel an appointment, please do so 24 hours in advance. You may be charged a \$50 fee for appointments broken or not cancelled. A session is considered cancelled if you are more than 15 minutes late for an appointment. Private pay or uninsured have the right to a "Good Faith Estimate" which explains how much your medical and mental health care will cost. Under the law, health care providers need to give patients that don't have insurance or are not using insurance, an estimate of the expected charges for medical services. You have the right to receive a Good Faith Estimate before you schedule a service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure you have a copy of your Good Faith Estimate. For more information, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (800) 985-3059.

\_\_\_ Check here if you would like a Good Faith Estimate

**Contact Policy:**

You may reach me with the number provided. If you are unable to reach me, you may leave a message and I will return your call when possible. I prefer to communicate with you by phone. If you choose to email or text, be advised that they are not secure forms of communication. (In other words, people could come in contact with your information as it passes through servers, towers, etc.) If you selected to be contacted by text, our receptionist is available Mon-Fri 9 to 4 for changes, cancellations, and availability of appointments. Text received outside of these hours may not be answered until reception business hours resume. To protect your confidentiality, we ask that you do not send confidential information.

**Social Media Policy:**

Although it is our policy not to have contact with clients through personal social media, you are welcome to connect with the center page at [facebook.com/hopehealingjoy](https://www.facebook.com/hopehealingjoy). Please note that the center page is public. If you “like” the page, it will appear on your social media profile and can be viewed publicly. Your “likes” and comments on the page are also public.

**Services Offered and Clients Served:**

Because what works best for each individual can be different, I approach counseling from multi-systemic approach. This can include techniques from Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Solution Focused Therapy, Emotion Focused Therapy, etc. depending on what works best for each client.

I work with clients individually, through relationship counseling, and family counseling. I see clients from age 12 and up.

**Code of Conduct:**

As a Licensed Professional Counselor, I am required by state law to adhere to the Code of Conduct for practice that has been adopted by my licensing Board. A copy of this Code of Conduct is available upon request.

**Confidentiality:**

One of the primary responsibilities is to protect your rights to privacy. This means that the material revealed in counseling will remain strictly confidential with these exceptions:

1. I must disclose information to a third party if I learn of any potential abuse or neglect of a child or elderly person (60 years or older) or if you pose a danger to yourself or others
2. Third-party disclosure can result from a court-mandated directive
3. At your request and written consent, I may release information to specified third party members

Please be aware that we are located in an office building, sharing walls with other therapists. While we have taken measures to ensure your confidentiality (using sound machines and music to mask voices) we cannot guarantee that you won't be heard by others in the building. If voices are raised, there is a chance they will be heard through the walls. In addition for the security of our office, staff and clients, we have security cameras located in common areas. 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 and consult with my clients unless in case of an emergency before mandated disclosure. I will also promptly notify clients of such mandates. Only when permission is granted will I disclose material gained in individual sessions when working with relationships. Material that is obtained in sessions with minor may be shared with the minor's parents or guardians.

**Emergency Situations:**

If there is an emergency (i.e. want to harm self or others) that arises, please seek help through one of the following hospital emergency room facilities or by calling 911.

Suicide Hotline: 1-800-SUICIDE

Lafayette General Hospital (337) 289-7991

Women's and Children's Hospital (337) 521-9100

University Hospital and Clinics (337) 261-6000

Our Lady of Lourdes (337) 470-2000

### **Client Responsibilities:**

You, the client, are a full partner in counseling. Your honesty and effort is essential to success. If as we work together 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 it develops 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.

You may be given homework and handouts. I recommend that you practice the skills, review handouts, and complete homework assignments outside the session as this will accelerate your progress in therapy

### **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. Changes in relationship patterns that may result from counseling/family counseling may produce unpredicted and/or possible adverse responses from other people in the client's social system. It is possible that as one family member changes, additional strain may be placed on the family.

#### **Record Keeping Policy**

I retain physical records for 7 years post discharge, or for 7 years after majority age. At that time, your records will be shredded.

In case I am suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, I have designated a colleague who is a licensed professional counselor as my professional executor. If I die or become incapacitated, my professional executor will be given access to all of my client records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide counseling services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this counseling executor arrangement, I will be glad to discuss them with you.

I also keep and store electronic records for each client in a record-keeping system produced and maintained by TherapyNotes. This system is 'cloud-based,' meaning the records are stored on servers which are connected to the Internet. Here are the ways in which the security of these records is maintained:

- I have entered into a HIPAA Business Associate Agreement with TherapyNotes. Because of this agreement, TherapyNotes is obligated by federal law to protect these records from unauthorized use or disclosure.
- The computers on which these records are stored are kept in secure data centers, where various physical security measures are used to maintain the protection of the computers from physical access by unauthorized persons.

- TherapyNotes employs various technical security measures to maintain the protection of these records from unauthorized use or disclosure. For details, visit: <https://www.therapynotes.com/about/features>
  - I have my own security measures for protecting the devices that I use to access these records:
    - On computers, I employ firewalls, antivirus software, passwords, and disk encryption to protect the computer from unauthorized access and thus to protect the records from unauthorized access.
    - With mobile devices, I use passwords, remote tracking, and remote wipe to maintain the security of the device and prevent unauthorized persons from using it to access my records.
- Here are things to keep in mind about my record-keeping system:
- While my record-keeping company and I both use security measures to protect these records, their security cannot be guaranteed.
  - Some workforce members at TherapyNotes, such as engineers or administrators, may have the ability to access these records for the purpose of maintaining the system itself. As a HIPAA Business Associate, TherapyNotes is obligated by law to train their staff on the proper maintenance of confidential records and to prevent misuse or unauthorized disclosure of these records. This protection cannot be guaranteed, however.
  - Our receptionist has access to TherapyNotes to schedule appointments for me, but your records are password protected and she cannot access them.
  - My record-keeping company keeps a log of my transactions with the system for various purposes, including maintaining the integrity of the records and allowing for security audits. These transactions are kept until we choose to delete them.

### **Physical Health:**

Your physical health can affect your emotional health and vice versa. It is recommended that you get a yearly physical examination every year. Please provide me with a list of any medications that you are currently taking.

Please note that we may contact a prescribing physician in order to assist you in having comprehensive medical treatment. You may wave this right at any time.

**Court Fees and Court Appearances:**For those clients involved in the legal system (i.e, custody situations or lawsuits), it is your responsibility to inform Aimee Dupuy, MS, LPC prior to your first session or upon recognition that legal involvement will take place. Clients are required to review and sign this document before any records will be released, letters sent, testimony or depositions are to be released and/or complied with.

Aimee Dupuy is NOT a court appointed evaluator of custody and CANNOT determine the living arrangements of your children. Parents should be aware that the best therapeutic relationship occurs in a space in which you and your child feel safe to share with honesty and openness. Involving the legal system interrupts this relationship and can be a psychological risk. Aimee Dupuy STRONGLY discourages clients from having

Aimee release confidential information about the counseling session or testify on your behalf. If Aimee Dupuy receives a subpoena from your attorney or the opposing attorney, the client is responsible for the additional fees outlined below. Please note, that if testimony is REQUIRED by a JUDGE, testimony may not be in your favor or best interest. Aimee Dupuy can only testify to facts and professional opinions. Testimony will NOT be given if it is not REQUIRED by a JUDGE.

- Letters to attorneys, judge, or court official: \$100
- Filing a document with the court: \$100
- Preparation time (i.e Submission of records): \$135 per hour
- Phone calls (only granted by subpoena from Judge): \$135 per hour
- Depositions (only granted by subpoena from Judge): \$270 per hour
- Time required in giving testimony (only granted by subpoena from Judge): \$270 per hour

- Mileage: \$.40 per mile
  - All attorney fees and costs incurred by therapist as a result of legal action required.
- If a subpoena or notice to meet with an attorney is received with less than 72 hours notice, an additional \$500 charge will be required.

**No Show/Cancellation Policy**

Aimee Dupuy, MS, LPC requires 24 hour notice of cancellation of appointments. Failure to cancel 24 hours before scheduled appointment will result in a fee. The client will be responsible for \$50 for cancellations until the client reaches 3 or more missed appointments in a calendar year. At this point, the client will be held responsible for the entire session fee of \$135. You may be asked to put a card on file and will be notified when card is charged for appointments missed. Client relationship may be terminated until debt is paid and credit card on file for future absences.

To cancel or reschedule appointments you may contact the office by: phone 337-534-8140, text 337-739-8562 or email info@hopehealingjoy.hush.com. You may leave a message at any of the above.

Thank you for understanding and respecting the time of Aimee Dupuy, MS, LPC and other clients by adhering to this policy.

**Adult Consent:**

I, \_\_\_\_\_, have read the Declaration of Practices and Procedures of Aimee S. Dupuy, M.S., LPC and my signature indicates my full informed consent to services provided by Aimee S. Dupuy, M.S., LPC

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Minor Consent:**

I, \_\_\_\_\_ (Parent/Legal Guardian), have read the Declaration of Practices and Procedures of Aimee S Dupuy, MS, LPC and my signature indicates my full informed consent to services provided by Aimee S. Dupuy, MS, LPC to treat \_\_\_\_\_ (Minor's Name).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Clinician's Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_