

# Declaration of Practices and Procedures

**Sara Sullivan, M.S., LPC**  
Licensed Professional Counselor  
Hope Healing Joy Counseling Center, LLC  
850 Kaliste Saloom Rd, Suite 204  
Lafayette, LA 70508  
337-534-8140

## Qualifications

I earned a Master of Science degree in Counselor Education from the University of Louisiana Lafayette in 2012. I am a Licensed Professional Counselor (# 5457) licensed with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816, (225) 295-8444.

## The Counseling Relationship

I see therapy as a collaborative experience. In this process, we will work together to identify goals, identify blocks to reaching those goals and address the issues that are preventing goals from being reached.

## Areas of Focus

I have a general practice working with individuals, couples, and families who are seeking help with anxiety, depression, life transitions, and relational issues.

## Fee Scales and Office Procedures

<b>Intake Session (55 minutes)</b>	<b>\$135.00</b>
<b>Therapy Sessions (55 minutes)</b>	<b>\$125.00</b>
<b>Workshops (90 minutes)</b>	<b>\$45.00</b>
<b>Group Sessions (90 minutes)</b>	<b>\$45.00</b>

**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 Sara Sullivan, M.S., 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. I have**

**morning, afternoon, and evening appointments available Monday - Thursday. 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 as soon as possible.**

Check this box if interested in receiving a Good Faith Estimate.

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 who 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 copy of your Good Faith Estimate. For more information, [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (800) 985-3059.

**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 cancellation within 24 hours or your entire appointment fee for no cancellation and no show at appointment time. An appointment is considered cancelled if you are 15 minutes or more late.**

### **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-Thurs 9 to 2 for changes, cancellations and availability of appointments. Texts 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**

**It is my policy not to have contact with clients through personal social media. Please note that my professional social media sites are public. If you "like" my page, it will appear on your social media profile and can be**

viewed publicly. Your “likes” and comments on my page are also public.

### **Services offered and Clients Served**

I am an eclectic therapist meaning I use many different therapy styles. This may include elements of Emotionally-Focused, Acceptance Commitment, Anthetic, Behavior, Cognitive Behavior, Gestalt, Existential, Person-Centered, and Solution-Focused Therapies. I see each individual as a culmination of their lifetime experiences, understanding that childhood learning can lead to positive and negative patterns in adulthood. In the context of a gentle, non-judgmental therapeutic relationship, we will explore past learning and remove the blocks to joy and connection.

I am skilled in individual, couple, and family therapy addressing anxiety, anger, disengaging from dysfunctional relationships and/or patterns, infidelity, communication issues, loss of affection, decision making, depression, fear, low self-esteem, perfectionism, and stress.

I see adults in the context of individual or couple therapy. I only see children in the context of family therapy.

### **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, the Louisiana LPC Board of Examiners. 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. 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, material 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 material obtained from a minor client may be shared with the client's parent or guardian.*

*Please be aware that we are located in an office building, sharing walls with other businesses. 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 the event of marriage or family counseling, material 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 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 in a couple or group session. 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 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. In addition, you may share with me dreams you feel are important, take notes on the clipboard provided on the end table, or bring an agenda of areas you want help with in your therapy. These are not required but will accelerate and add depth to your therapy.**

**Please notify me if you are not getting what you want out of your therapy sessions because your satisfaction in the process is very important. If you would like to see another therapist or mental health provider, please let me know so that our counseling relationship can be terminated. If you are currently seeing another mental health provider, notify myself and the other mental health provider because permission must be granted by the first**

therapist for the second to work with the same client.

### Potential Counseling Risk

In the therapy process, you may decide to make changes in your personal life, family, or career. Although this process is often fun and exciting, it can also be challenging, difficult and painful. Problems that you were not aware of may even surface during your counseling process. If this occurs, please share those concerns with me so you can reach the goal of living a more fulfilling life.

### 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 th\

### 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.

Medication      Dosage      Diagnosis      Prescribing Physician  
with phone#

### 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 Sara Sullivan, 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.

Sara Sullivan 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. Sara Sullivan STRONGLY discourages clients from having Sara Sullivan release confidential information about the counseling session or testify on your behalf.

If Sara Sullivan 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. Sara Sullivan 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): \$125 per hour
- Phone calls (only granted by subpoena from Judge): \$125 per hour
- Depositions (only granted by subpoena from Judge): \$250 per hour
- Time required in giving testimony (only granted by subpoena from Judge): \$250 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

Sara Sullivan, 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 \$125. 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](mailto:info@hopehealingjoy.hush.com). You may leave a message at any of the above.

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

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

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**Client signature** **Date**

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**Sara Sullivan, M.S., Licensed Professional Counselor** **Date**

**Parental/Guardian Consent for Treatment of a Minor:**

I, \_\_\_\_\_, give permission for Sara Sullivan, M.S., LPC to

conduct counseling with my \_\_\_\_\_,

\_\_\_\_\_ (relationship) (name of minor )

In addition, I understand and agree that myself and other parental figures may be asked to

attend family counseling

\_\_\_\_\_ (signature)