

Declaration of Practices and Procedures
Stephanie Stephenson
Hope Healing Joy Counseling Center, LLC
1003 Hugh Wallis Rd, BLDG E, Lafayette, LA 70508
(337) 534-8140

Qualifications: I earned a Masters of Science degree in Mental Health Counseling from The University of Louisiana at Lafayette in 2023. I am a Licensed Professional Counselor (LPC) # **LPC9986** 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.

Counseling Relationship: I see counseling as a journey in which the client and I (LPC) work to understand and trust one another as we work as a team to explore and define present problem situations, develop future goals for an improved life and work in a systematic fashion towards realizing the client's goals.

Areas of Focus: I focus on clients with a variety of issues and diagnoses. This includes, but is not limited to, individuals with relationship concerns, personal matters, family relations, and diagnoses such as depression, bipolar disorder, anxiety, behavior disorders, as well as co-occurring disorders. These issues require various treatment regiments and lengths of service.

Fee and Office Procedures: The fee for service is \$150 for initial sessions, \$135 per follow up session, and paid directly to Hope Healing Joy Counseling Center, LLC. Payment for services is due at the close of each session. Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled or cancelled with the receptionist by calling 337-534-8140 from 9:00 am to 2:00 pm Monday through Thursday. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

Acceptable means of payment: Cash, Check, Credit Card. If choosing to pay by check, please make checks out in advance of your session. If your check is returned by your bank, you will be charged an additional \$15.00.

Check this blank 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 and 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 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 may be responsible for the entire fee. If you must cancel an appointment, please do so 24 hours in advance. You may be charged your appointment fee for appointments broken or not cancelled. A session is considered cancelled if you are more than 15 minutes late for an appointment.

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.) To protect your confidentiality, we ask that you do not send confidential information.

If you selected to be contacted by text, please keep contact within normal business hours.

Social Media Policy

Although it is our policy not to have contact with clients through personal social media, you are welcome to connect with me on my professional page.

Services Offered and Clients Served: I approach counseling from a person-centered, attachment based, and meaning based orientation. I see teens, adults, and geriatric navigating issues such as anxiety, depression, grief, identity exploration, life transitions, LGBTQ+ issues, Neurodivergence, EMN, Polyamory, and alternative lifestyle issues.

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 The Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners.

Confidentiality: Material revealed in counseling will remain strictly confidential except for under the following circumstances in accordance with state law:

1. The client signs a written release of information indicated informed consent of such release.
2. The client expresses intent to harm him/herself or someone else.
3. There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult.
4. A court order is received directing the disclosure of information.

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 may be heard through the walls.

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.

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 client's parent or guardian.

Emergency Situations: When the receptionist is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and a therapist or staff member will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may seek help through hospital emergency facilities (Oschner's Lafayette General – 337-289-7991, Women's and Children's 337-521-9100, University Hospital and Clinics 337-261-6000, Our Lady of Lourdes 337-470-2000) or by calling 911. Suicide Hotline: 1-800-SUICIDE is also a great resource.

Client Responsibility: 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 best assist you.

Potential Counseling Risks: The client should be aware that counseling poses potential risks. In the course of working together additional problems 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.

Record Keeping Policy

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

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 are 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/#ScrollTo=insurance-hippa-compliance>
- 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 swipe 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 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 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 text, email, and *TherapyNotes* to schedule appointments and handle billing, 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 maintain the integrity of the records and allowing for security audits. These transactions are kept until we choose to delete them.

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.

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 Stephanie Stephenson 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.

Stephanie Stephenson 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. Hope Healing Joy **STRONGLY** discourages clients from having Stephanie Stephenson release confidential information about the counseling session or testify on your behalf.

If Stephanie Stephenson 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. Stephanie Stephenson 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): \$350 per hour
- Time required in giving testimony (only granted by subpoena from Judge): \$350 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

Stephanie Stephenson, 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 and relationship may be terminated. 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 Stephanie Stephenson MS, LPC and other clients by adhering to this policy.

Physical Health: Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so and to list any medications that you are now taking.

I have read the declaration of Practices and Procedures of Stephanie Stephenson, Licensed Professional Counselor and my signature below indicates my full informed consent to services provided by Stephanie Stephenson, Licensed Professional Counselor.

_____ Date _____

Client Signature

_____ Date _____

Stephanie Stephenson, LPC

Guardian's permission for session with minors.

I, _____, give permission for Stephanie Stephenson, to

conduct therapy with my _____ (relationship to client),

_____ (name of minor).

_____ Date: _____

Signature of Parent or Legal Guardian