8704 Jefferson Highway, Suite A
Baton Rouge, LA 70809

Logan McIlwain
LICENSED CLINICAL SOCIAL WORKER

Logan@loganlcsw.com
phone: 225.240.4275 fax: 225.269.1179

Declaration of Practices and Procedures

I am pleased that we will be working together and look forward to helping you reach your goals in counseling. This statement is designed to inform you of my background and to ensure that you understand our professional relationship. After reading this document, **please sign and date the last page.** If you would like a copy of these practices and procedures let me know at any time.

1. Counseling Relationship

It is my desire to provide a warm and trusting atmosphere in which you feel free to examine patterns of behavior, thought, and/or mood that are causing you or your child's concern. I am diverse in my counseling approach which means I use a variety of theoretical approaches and strategies to meet a client's needs, address specific issues, and promote goal obtainment.

After information gathering, answering any questions you might have and becoming acquainted, therapeutic goals are established through collaboration. I often use between-session assignments which are a vital part of the therapeutic progress. Completion of homework is necessary if you or your child is to benefit the most from the therapeutic process. The ultimate goal of therapy is the successful resolution of the problems that are considered most important.

2. Qualifications

- Bachelor of General Studies (Psychology, Sociology, History) from Louisiana State University, 2006
- Master of Social Work from Louisiana State University, 2009
- Licensed Clinical Social Worker, 2012, Louisiana Board of Examiners in Clinical Social Work (#10534)
- Qualified Parenting Coordinator (La. R.S. 9:358.3), 2015
- Qualified Child Custody and Visitation Mediator (La. R.S. 9:334), 2015

3. Areas of Expertise

The majority of my practice experience has been working with children, adolescents, and young adults and their families who are dealing with behavior who are dealing with behavior issues, anxiety, depression, divorce/co-parenting, anger management, grief, trauma recovery, substance abuse, and relational difficulties.

***Additionally, as qualified mediator and parenting coordinator I can effectively assist adults having trouble in decision making and communication with issues pertaining to separation/divorce, child custody and visitation, co-parenting, or eldercare issues. Let me know should these specific services be suitable to you or your family.**
(Fees differ from below)

4. Payment Information:

Payment can be made by cash, check, or debit/credit card and are due at the time of service. *If paying with cash you must have exact fee, or you will be issued a credit toward your next visit. We are not able to provide change.

Credit Card Must Be on File – You must provide a credit card that will be securely stored in your online account (therapyappointment.com). If you do not have an online account, please email me. **The card provided will be charged $0.1 which initiates the secured storage process.** If a card is not stored online at least a week prior to our first appointment, or the appointment will be canceled. Unless you state otherwise, the card on file will be the primary means of payment for all costs accrued.

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Utilizing Insurance - It is your responsibility to find out the following information prior to using health insurance: determine that I am on the "provider" list for your insurance, the number of sessions authorized, your co-payment, and the amount remaining on your deductible. **If your deductible is not met, I will bill your insurance accordingly however, you are responsible for payment in FULL per the contracted rate until your deductible is met.**

Balances – **Any balance past due after 30 days will automatically be charged to your credit/debit card on file**

5. Session Fees:

	Charge
Initial Evaluation (1st session) – *60 mins*	$150
Individual, Family, Couples Session – *60 mins*	$125
Individual, Family, Couples Session – *45 mins*	$100

6. Cancelation Fees:

The time you schedule for an appointment is reserved for you. In the event you are unable to keep an appointment please provide a **24-hour advance notice** to allow for the scheduling of another person who may benefit from the time. **If not, the following will be charged to your credit card securely stored in our system:**

	Charge
1st Missed Appointment or late cancelation	$85
Additional missed appointment or late cancelations	$125
NSF Charge (Returned Checks)	$50

The only exceptions to this charge are emergencies situations. Forgotten or rescheduled extracurricular or work changes do not meet this definition. can provide appointment reminders. The scheduling software I utilize can automatically assist with reminders. Be sure you turn this setting on and your preferred method is chosen.

*****Remembering appointments is your responsibility*****

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7. Explanation of the types of services and client population:

I provide individual, family, and couples counseling to persons aged 5 and up. Group counseling is available based on need and interest. Divorce mediation, family mediation, and parent coordination is also available upon request. Presentations are also available upon request at schools, churches, or workplaces.

8. Code of Ethics:

I am required by state law to adhere to the Louisiana Code of Conduct for Louisiana Licensed Clinical Social Workers. Copies of this code are available upon request.

9. Privileged Communication/Confidentiality:

I am required to abide by the professional practice standards and Louisiana law. I do not disclose client confidences and information to any third party without clients written consent or waiver except when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect, or disabled abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm. Certain types of litigation may lead to the court-ordered release of information without your consent.

When working with couples, families, or groups I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. When working with a family or couple, information shared by individuals in sessions, when other family members are not present, must be held in confidence (except for the mandated exceptions already noted) unless all individuals involved sign written waivers at the outset of therapy. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy.

10. Potential Counseling Risks:

Please be aware that counseling poses potential risks. In the course of working together additional issues may surface, may become more acute, or may affect your relationships in ways you had not fully anticipated. If this occurs, please feel free to share any new concerns with me.

11. Emergency Situations:

During business hours please call my office at (225) 240-4275 to speak with me. If I am inaccessible, for whatever reason or it is after hours 911, or if warranted, proceed to your nearest emergency room.

12. Client Responsibilities:

The client is expected to follow billing, scheduling and office procedures. It is expected that he or she will terminate any previous counseling relation or get permission from the prior therapist. It is suggested that the client have a complete physical examination if he/she has not had one within the past year. Also, the client agrees to list on the intake form any medication he/she is taking**.**

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By signing below, I indicate that I have read, understand the Declaration of Practices and Procedures for Logan McIlwain, LCSW and have received a copy, if desired. I also hereby sign in agreement and understanding to all terms and charges listed above.

Client Signature_____Date_____

Logan McIlwain, LCSW _____Date _____

If client is a minor, parental authorization is needed: I, _____, give permission for Logan McIlwain, LCSW to conduct therapy with my

_____, _____

(Relationship) (Name of Minor)