

Declaration of Practices and Procedures

Tina Stuckey, MS Graduate Student in Counseling

Counseling For Growth, L.L.C.

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(225) 205-7508

Qualifications: I earned a Bachelor of Science in Family Child Studies with a concentration in Family Studies from Louisiana Tech University in 2014. I am a graduate student in the Master of Science in Counseling program at Southeastern Louisiana University and am currently completing my field experience (i.e. practicum and internship). Southeastern Louisiana University is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). My practicum supervisor is Christian Dean Ph.D., LMFT, LPC, NCC. Dr. Dean is licensed as a Marriage and Family Therapist (LMFT) and as a Professional Counselor (LPC) with the LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809. Affiliations: American Counseling Association (ACA).

Counseling Relationship: I see counseling as a process in which you the client, and I, the counselor in training, 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. Goals for therapy are established through collaboration with the client. The overall objective for therapy is always the successful resolution of the problems that are deemed the most important through that collaborative process. The information shared in therapy will be confidential as well as the client/counselor relationship. If we see each other in public I will not initiate conversation. It is your choice to initiate conversation or not.

Services Offered and Clients Served: I provide counseling to couples, adults, children, and families. Counseling sessions can be either individual, group, or couples sessions.

Areas of Focus: Currently I am a graduate student in counseling with a concentration in marriage, couple, and family counseling.

Fees, Office Procedures, and Policies for Insurance Reimbursement:

Appointments- Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available on Mondays. Appointments may be scheduled, rescheduled, or cancelled with me but a minimum of a twenty-four (24) hour notice is required.

Failure to give notice for any appointment not cancelled twenty-four (24) hours in advance may result in a charge for the time reserved for you.

Fees- Intake interviews, counseling sessions, or any other fifty minute sessions will be a fee of \$25 for a 45 minute session and \$30 for a 60 minute session and paid directly to Counseling for Growth, LLC. If the client fails to show up to an appointment a fee of \$25 will be charged. Payments can be made with cash or credit/debit cards. As a graduate student, I may not accept payments for services directly.

Insurance- At this time I am not able to accept insurance.

Delinquent payments- If you fail to cancel a session within twenty-four (24) hours prior to the session and do not return to counseling in order to continue treatment and to make-up payments, you will receive a bill sent to the address you provide. The envelopes will not have any identifying information regarding the counseling practice nor my name in order to maintain confidentiality. Additionally, you may be referred to a collection agency in order to collect delinquent payments.

Texting and E-mail Policy- Some clients may have a preference for e-mailing or texting; however, Counseling for Growth, LLC has a no e-mail or text policy (with few exceptions) due to difficulties with receiving texts and other ethical and legal concerns associated with texts and e-mails. The canceling of appointments need to be done via phone as well as any communications initiated by the client. Phone calls allow me to determine your identity and to be able to freely discuss with you your appointments and/or concerns.

Code of Conduct: I am required 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.

Emergency Situations In private practice: After office hours, you may leave a message on my answering machine (225-614-2896) and I will return your call as soon as possible. In an emergency or crisis situation, you are encouraged to call 911 or the crisis hotline (1-800-437-0303) or to go to the nearest emergency room.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if 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 I determine 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.

Physical Health: If you have not been to a doctor for a physical check up within the last year, it is highly recommended that you do.

Potential Benefits and Risks of Therapy:

1. Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it.
2. Changes in relationship patterns that may result from family therapy may produce unpredicted and/or possibly adverse responses from other people in the client's social system.
3. A result of family therapy may be a realization on the part of the client that there are issues that may not have surfaced prior to the onset of the counseling relationship.

Telemental Health: Telemental health services are services that rely on a number of electronic, often Internet-based, technology tools. These tools can include video conferencing software, e-mail, text messaging, virtual environments, specialized mobile health apps, and others. Counseling for Growth, LLC only uses video conferencing telemental health services through doxy.me. If receiving services through telemental health, consider the following additional specific considerations.

- a. You will need access to the internet, a computer, telephone, and/or pad and to the HIPAA compliant doxy.me or other account for Tina Stuckey. If you have questions or concerns about the above listed tool, please address them to Tina Stuckey directly so you can discuss their risks, benefits, and specific application to your treatment. If authorized, you will receive a text message or e-mail reminder about appointments through the www.therapyappointment.com system. All sessions are in Central time. Due to licensing laws, Tina Stuckey can only provide telemental health services to clients who are physically in the State of Louisiana during the time of telemental health appointment.
- b. Consider that there are benefits to telemental health, to include: i) providing services remotely at times or places where services may not otherwise be available; ii) receiving services in a fashion that may be more convenient and less prone to delays than in-person meetings; iii) receive services when you are unable to travel to the service provider's office; and iv) the unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health. However, there are risks involved as well, to include but not limited to: i) Internet connections and cloud services could cease working or become too unstable to use; ii) cloud-based service personnel, IT assistants, and malicious actors ("hackers") may have the ability to access your private information that

is transmitted or stored in the process of telemental health-based service delivery; iii) computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out; and iv) interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools. There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the technological tools used to deliver services. Your provider will assess these potential benefits and risks, sometimes in collaboration with you, as your therapeutic relationship progresses. Counseling for Growth, LLC will follow security best practices and legal standards in order to protect your health care information, but you will also need to participate in maintaining your own security and privacy. You can do this by using devices and service accounts that are protected by unique passwords that only you know. Additionally, you may find that telemental health may not be appropriate and/or a good fit for you. Please let Tina know if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. Raising your questions or concerns will not, by itself, result in termination of telemental health services. Bringing your concerns to your provider is often a part of the process. If you decide to use telemental health, consider that you will have to provide the city in which you are when participating in sessions at the beginning of each session. You may also want to have a plan for managing technology problems, how to address mental health crisis situations, and how to handle medical emergencies.

- c. Please do not record video or audio sessions without your provider's consent. Making recordings can quickly and easily compromise your privacy and should be done with great care. Your provider will normally not record video or audio sessions. If a recording scenario arises, your provider will discuss this with you and get a separate consent to record signed from you.
- d. You can choose to stop telemental health services at any time without repercussions or prejudice.
- e. You are encouraged to use headsets when using telemental health to reduce the chances of others hearing what is being discussed and encouraged to be in a private setting. Please consider how you are responsible for creating a safe and confidential space during your sessions. Our plan for backup communications in case of technology failures and for responding to emergencies and mental health crisis include the following: i) telephone (cell phones) will be used as a means for backup communications; ii) in case of emergencies outside of our regularly scheduled appointment, you are encouraged to call 911 or go to your nearest emergency room. You can always call Tina at 225-614-2896; however, if unavailable, then please call 911 or go to your nearest emergency room. Tina

will respond within 24-48 hours if you leave a voicemail. Please consider that text-messages will not necessarily be responded to due to Tina not being able to tell if the client truly sent the message or if it was sent by someone else.

Confidentiality: Our counseling sessions are confidentially between the client, myself, my supervisors at SELU, Dr. Christian Dean and Dr. Reshelle Marino, except in these circumstances: The client has given written consent to share the counseling materials, the client expresses intent to harm his or herself or someone else, and/or there is reason to suspect abuse towards a child, elder, dependent adult, or there is a court order requesting the material. Please note that these sessions may be recorded with the permission of the client in order to be reviewed by my supervisors so that I may improve my counseling skills and case conceptualization.

Certain types of litigation (such as custody suits) 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. For example, I cannot release any information about either or both spouses I have seen for marital therapy to an attorney without signed authorizations from both spouses.

When working with a family or couple, information shared by individuals in sessions where 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.

I hereby declare and consent with a written signature that I have read all of the above information and am aware that these counseling sessions may be recorded for licensure purposes.

Client Signature

Date

Tina Stuckey, M.S. Graduate Student in Counseling

Date

Christian J. Dean, Ph.D., LMFT, LPC, NCC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, as a parent or guardian with legal authority to provide consent for medical and behavioral health treatment, give permissions for Tina Stuckey, Master of Science in Counseling graduate student at Southeastern Louisiana University, with Counseling for Growth, L.L.C to conduct therapy, counseling, treatment, and appraisal of behavioral health via the use of appraisal instruments, in person or via telemental health with

_____ my _____.
Name of Minor Relationship

Parent or Legal Guardian Signature