

**Kimberly Allen, M.A., LPC-S, LMFT**  
1110 South Range Avenue  
Denham Springs, LA 70726  
(225) 788-0988

## **Declaration of Practices and Procedures**

### **Qualifications**

I have a Master of Arts degree in Marriage and Family Therapy from the University of Louisiana at Monroe. I hold license # LPC-S 4051 as a Licensed Professional Counselor Supervisor and LMFT license # MFT 1130 as a Licensed Marriage and Family Therapist with the LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, Louisiana 70809.

### **Clients Served**

I provide therapy for individuals, couples, and families of all age groups. I see counseling as a process in which you, the client, and I, the counselor/therapist, 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.

### **Areas of Focus**

I focus on the practice of marriage and family therapy and am trained to work with problems of childhood, adolescence, and parenthood as well as marital difficulties, and life difficulties that may relate to disturbances in family relationships. I am an Associate Member of the American Association for Marriage and Family Therapy, and hold a certification as a Guidance Counselor (#AN 433262) for the State of Louisiana. I am also a National Certified Counselor and a National Certified School Counselor (#260274).

### **What to Expect From Therapy**

I work from an ecosystemic perspective, which means that I accept a client's immediate family relationships and larger social context as being important resources in solving life's problems. Goals for therapy are always established through collaboration with the client. The overall objective for therapy is the successful resolution of the problems that are deemed the most important through that collaborative process. I work from an MRI/interactional orientation, which means that I assist couples and families in interrupting attempted solutions that are maintaining the problem.

Techniques that I often employ are instruction and modeling of communication skills, paradoxical interventions, reframing, prescribing the symptom, relabeling and between-session interactive assignments. This "homework" is a vital part of the therapeutic process. The completion of homework is necessary if the client is to get the most from the therapeutic experience.

### **What I Expect From Clients**

I expect the clients' honesty and effort as full partners in counseling. Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision. If it develops that you would be better served by another mental health provider, I will assist you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this so that we may coordinate our services to you.

**Code of Conduct/Ethics**

I am required by law to adhere to the Code of Conduct of the Louisiana Licensed Professional Board of Examiners as specified in R.S. 37:1101-1115 and the Louisiana Code of Ethics for Licensed Marriage and Family Therapists. I am also required to adhere to the code of ethics adopted by the American Association of Marriage and Family Therapy to maintain my membership requirements. Copies of these codes are available upon your request.

**Privileged Communication**

I am required to abide by the professional practice standards for Licensed Professional Counselors and Licensed Marriage and Family Therapists and Louisiana law. I do not disclose client confidences and information to any third party except when mandated or permitted by law. State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect, elder abuse/neglect (age 60 or older), 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 (such as child custody suits) may lead to the court-ordered release of information without your consent. Also note that if you use third party insurers, such as health insurance policies, HMO or PPO plans, or EAP programs, you will be given a diagnosis and all information may be disclosed.

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 authorization 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. If an impasse results from such confidentiality, referral to another therapist might result.

**Emergency Situations**

In an emergency situation when an immediate response is necessary, you may seek help through hospital emergency room facilities (such as Our Lady of the Lake 225-765-6005) or by calling 911.

**Fees and Office Procedures**

Appointments are usually scheduled one time a week for approximately one hour, with the first session devoted to gathering necessary information. The entire therapy process may take on the average of eight to ten sessions. Follow up appointments are typically set at the close of each session. I have day and evening appointments available Monday - Friday. Failure to give notice for any appointment not cancelled twenty-four hours in advance may result in a \$50.00 charge for the time reserved for you.

The fee is \$150.00 an hour due directly to Kimberly Allen, LLC. Payment for services rendered is due at the close of each session.

If subpoenaed for court, a fee of \$150.00 per hour will be billed.

**Potential Counseling Risk**

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 possible 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.

**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 Kimberly Allen, M.A., LPC-S, LMFT and my signature below indicates my full informed consent to services provided by Kimberly Allen, M. A., LPC-S, LMFT.**

\_\_\_\_\_  
**Client signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client signature**

\_\_\_\_\_  
**Date**

*Kimberly Allen*

\_\_\_\_\_  
**Kimberly Allen, M.A., LPC-S, LMFT**

\_\_\_\_\_  
**Date**

**Parental Authorization**

I, \_\_\_\_\_, give permission for Kimberly Allen, M.A.,  
Signature of Parent or Guardian

LPC-S, LMFT, to conduct therapy with my \_\_\_\_\_,  
Relationship Name of Minor