

LPC
Declaration of Practices and Procedures

Martha Kuhn, MA, MBA, LPC, LSSBB
Home Circle Counseling, LLC
66 Wornick Road
Glenwood, AR 71943
Phone: (318) 349-8541

Qualifications: I earned a Masters of Arts Counseling and Guidance degree in Mental Health Counseling from the Louisiana Technical University in 2006. I am licensed as a LPC # P2101141 with Arkansas Board of Examiners in Counseling & Family Therapy, 101 East Capital, Suite 202, Little Rocke, AR 72201 and (501) 683-5800.

Counseling Relationship: Counseling is the process by which the client and counselor enters into a partnership and agreement having to come to an understanding and trust of one another, work in a collaborative effort to identify and define the issue that is in conflict of operation of the everyday norm and develop a qualitative concept for future goals to function in a systemic fashion in society. Although our work may feel emotionally close, it is essential for you to realize that our relationship is a professional rather than a personal one. I believe that you will be best served if our relationship remains focused on your concerns; therefore, our time together will be limited to the counseling services provided each week.

Areas of Focus: My focus at Home Circle Counseling, LLC is to provide counseling services for individuals with developmental, emotional, and/or behavioral disorders and their families.

Fees and Office Procedures: I accept self-paying clients. All service fees must be paid in full at the time of service. The payment can be made using cash, check, debit or credit cards (Visa, MasterCard, American Express, and Discover). The fee for counseling services will be discussed upon initial contact. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

Services Offered and Clients Served: I approach counseling from Cognitive Behavioral Therapy (CBT) foundation, which is a directive therapy. This simply means that therapists lead the process that teaches clients how to develop ways to cope that are effective. CBT is based on the concept that the client's difficulties are due to faulty thinking and behaviors. These could come across as catastrophizing, overestimating, underestimating, and other cognitive errors.

I also work with each individual client to create a treatment plan that will utilize different techniques from various therapeutic methods to address the client's problems and needs. Some of the most common theories I use are cognitive behavioral, dialectical behavioral, motivational interviewing, narrative, and positive psychology. My counseling services are offered on an individual basis, couple, and family. I work with clients of all backgrounds with the exception that I do not work individually with children under the age of three years old. In addition to individual, parent, and family counseling services, I provide individual skills training.

Code of Conduct: As a LPC, 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: 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 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 the information.

Privileged Communication: It is my policy to assert privileged communication on behalf of clients and the right to consult with the client before mandated disclosure.

Emergency Situations: In the event the client requires emergency mental health care between counseling sessions, he or she is advised to call 911 or report to the emergency room of a local hospital.

Client Responsibilities: Honesty and effort are essential components to a successful therapeutic relationship; therefore, you, the client, are a full partner within the counseling therapy process. Clients are expected to follow Home Circle Counseling, LLC's policy for keeping appointments. In order for me to make any necessary adjustments toward your counseling experience, I ask you to indicate any suggestions or concerns. If at any time you feel that you would be better served by another mental health professional, I will help you with the referral process. If you are currently receiving services from another mental health provider, I expect you to inform me and grant me permission to share information with this professional so that we may coordinate care to best serve you in every way possible.

Physical Health: Physical health is certainly a significant factor in the emotional well-being of an individual. I ask that you please inform me of any medical conditions or changes that might affect the counseling process. If you have not had a physical examination in the last year, it is recommended that you do so. Also, please provide me with the name of your physician as well as a list of any medications/supplements that you are currently taking.

Potential Counseling Risk: You should be aware that counseling poses potential risks. During the course of working together, additional challenges may surface of which you were not initially aware. At times, you may experience unwanted feelings such as sadness, anger, fear, guilt, shame, and anxiety. If this occurs, please feel free to share any concerns with me, as such negative reactions are also part of the healing counseling process.

**ACKNOWLEDGMENT OF READING
THE DECLARATION OF PRACTICES AND PROCEDURES**

I have read the Declaration of Practices and Procedures of Martha Kuhn, MA, MBA, LPC, LSSBB and my signature below indicates my full informed consent to services provided by Martha Kuhn, MA, MBA, LPC, LSSBB.

I am also aware of the counseling relationship, responsibilities, and my rights of confidentiality. I realize there is a benefit and risk involved in counseling. I have a copy of the phone numbers I may call in the event of an emergency.

Client Signature _____ Date _____
Martha Kuhn, MA, MBA, LPC, LSSBB _____ Date _____

Parent/Guardian Consent for Treatment of a Minor

I, _____ (Name of parent or legal guardian), give my permission for Martha Kuhn, MA, MBA, LPC, LSSBB to conduct therapy with my _____, (relationship)

_____ (Name of Minor).

Signature of Parent or Legal Guardian Date