

Declaration of Practices and Procedures

Bernell L. Elzey, Jr., M.A, PLPC
New Orleans Counseling & Hypnosis Center
4038 Canal St.
New Orleans, LA 70119
504-512-8035

Qualifications: I earned a Master of Arts degree in Clinical Mental Health Counseling from Xavier University of Louisiana in 2020. I am a Provisional Licensed Professional Counselor (PLPC) #PLC8242 and hold a provisional license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave. North Ste. A, Baton Rouge LA 70816 (Phone 225-295-8444). The Louisiana LPC Board of Examiners has approved Sarah Johns, M.Ed, LPC-S, 4038 Canal St. New Orleans, LA 70119 [504-680-7030 (ofc)/504-799-9881(direct)] as my LPC Board-Approved Supervisor. Ms. Johns is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs obtaining supervised experience hours needed to be fully licensed as a LPC in the State of Louisiana.

Counseling Relationship: I see counseling as a process in which you, the client, and I, the PLPC, having come to understand 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 adolescent, adults and couples with emotional, developmental, academic and career oriented issues.

Fee Scales: NOCHC charges a fee of \$150 for initial assessment and \$125 per 60 minutes after initial session depending on the services or workshops requested. NOCHC accepts most insurances and Medicaid. Payment can be made with cash, check or credit cards accepted through the center. A 24-hour notice is required for cancellations. If a cancellation is not given within 24 hours in advance of the scheduled session, a fee of \$95.00 will be billed/charged to you.

Services Offered and Clients Served: I believe that individuals are naturally creative, inclined to strive towards self-determined goals, and best understood through the lens of our own private logic and personal construction of reality. I also believe that we thrive when we perceive ourselves to be encouraged, empowered, and involved in a network of meaningful personal and professional roles where we experience a sense of purpose and belonging. I believe issues related to social justice and personal power impact us on individual, community, and global levels., The theory that guides my approach to counseling is Adlerian and I incorporate inventions from Cognitive Behavior Therapy and Person-Centered Therapy. This means that a collaborative approach will be used to identify feelings of inadequacy, other belief systems from your upbringing, and ways your cognitions (thoughts and beliefs) impact your feelings or behaviors. I am also committed to the goal of providing you with unconditional support to facilitate self-acceptance and teaching you the process of effective decision-making so that you can meet these challenges when they arise for you in the future. I work with clients in a variety of formats, including individually, in groups, as couples and as families. I see clients of most ages and backgrounds with a majority of my clients being between 15 years old and 60 years of age.

Code of Conduct: As an PLPC, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board. A copy of this Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practices as an PLPC, you may contact the Louisiana LPC Board of Examiners.

Confidentiality/Privileged Communication: Material revealed in counseling will remain strictly confidential and except 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 his/herself or someone else, 3) There is a reasonable suspicion of abuse/neglect against a minor child, or elder (65 or older) or a dependent adult, or 4) A court order is received directing the disclosure of information.

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 family counseling, material obtained from an adult client individually may be shared with the client's other family members only with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

Emergency Situations: If an emergency situation should arise, you may seek help through hospital emergency room facilities or by calling 911. In the case of emergency within a session, contacts and numbers and planned procedure will be acquired from the client in order for client to be taken care of particular to the wishes expressed. All emergency incidences will be communicated to supervisors for appropriate care protocol.

Client Responsibilities: You the client are full partner in counseling. Your honesty and effort are essential to success in resolving your issues. If you have questions or concerns about your counseling during our process together, I expect you to share these with me so we can make the necessary adjustments. If it develops that you are better served by a different 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 of this and grant me permission to share information with this professional that that we may coordinate our services to you.

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

Potential Counseling Risk: The client should be aware that the counseling process poses a potential risk. In the course of working together additional problems and changes may surface of which the client was not initially aware. If this occurs, the client should feel free to share these new concerns and adjustment with me.

I have read the Declaration of Practices and Procedures of Bernell L. Elzey, Jr, M.A., PLPC and my signature below indicates my full informed consent to services provided by Bernell L. Elzey, Jr, M.A., PLPC. I am aware that Mr. Elzey may share information with Sarah Johns, M.Ed, LPC-S and other PLPCs for the sole purpose of supervision toward licensure and information shared in supervision may not be used for any other purposes. I am also aware that my sessions with Bernell L. Elzey, Jr, M.A., PLPC may be audio or videotaped for the purpose of supervision.

Client Name: _____

Client Signature: _____ Date: _____

Bernell L. Elzey, Jr, M.A., PLPC: _____ Date: _____

Sarah Johns, M.Ed, LPC-S: _____ Date: _____

Parent/Guardian Consent for Treatment of Minor:

I, _____, give my permission for Bernell L. Elzey, Jr, MA, PLPC
(Name of parent or legal guardian)

to conduct therapy with my _____,
(Relationship) (Name of minor)

Signature of Guardian/Parent: _____ Date: _____