

## **Declaration of Practices and Procedures**

**Sarah Johns, M.Ed, LPC-S**  
**New Orleans Counseling & Hypnosis Center**  
**4038 Canal St.**  
**New Orleans, LA 70119**

**Qualifications:** I earned an M.Ed in Human Services Counselor Education degree from University of New Orleans in 1998. I am licensed as an LPC-S (# 3710), with the Louisiana Board of Examiners located at 11410 Lake Sherwood Ave. North Ste. A, Baton Rouge LA 70816 (Phone 225-295-8444). I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPC's).

**Counseling Relationship:** I see counseling as a process in which you, the client, and I the counselor 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 approach counseling from an approach which involves interacting with one another in which actions and thoughts are explored in order to better understand the clients' needs and goals and help them develop solutions. 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 LPC/LPC-S, 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 LPC/LPC-S, 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.

**Digital Communication and Technology Agreement:** As per the certification requirement of the LPC Board, I have taken the continuing education necessary to utilize telemental health services in my practice. At the beginning of each session, we will assess for safety, security, and comfort in your environment. Online sessions will be conducted through Doxy.me or Telehealth account of Zoom; each of these platforms are HIPAA compliant and I/or my facility has signed the required Business Associate Agreement (BAA) with each company.

I have read and understand Declaration of Practices and Procedures of Sarah Johns, M.Ed, LPC-S and my signature below indicates my full informed consent to services provided by Sarah Johns, M.Ed, LPC-S.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Email Address

*Sarah Johns*  
Sarah Johns, M.Ed, LPC-S

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For **Minor Clients** being seen:

I, \_\_\_\_\_ give permission for Sarah J. Johns, M.Ed. LPC-S to conduct counseling  
(Parent Name)

with \_\_\_\_\_,  
(Relationship) (Name of Child)