

Declaration of Practices and Procedures
Megan A. Goldfarb, M.A., LPC
New Orleans Counseling and Hypnosis Center
4038 Canal Street
New Orleans, LA 70119

Qualifications: I earned a Master of Arts degree in Community Counseling from John Carroll University in 2009. I am a LPC # 5726 registered with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, (225) 765-2515.

Counseling Relationship: I see counseling as a process in which you the client, and I the Counselor 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 towards achieving those goals.

Areas of Focus: I focus on clients with addiction to drugs and/or alcohol.

Fees and Office Procedure: New Orleans Counseling and Hypnosis Center charges between \$125 and \$150 an hour. Additionally, this office accepts BC/BS, UBH, Magellan, Humana, Tricare, MHNet, Aetna, Compsych, Cigna, Value Options, Medicaid (children and adolescents only), Gilsbar, and various other plans

Appointments are typically set at the end of each session. I generally have evening and weekend appointments Monday through Saturday. Appointments may be scheduled, rescheduled or canceled with the receptionist or myself from 8:00am through 5:00pm Monday through Friday.

Services Offered and Clients Served: I approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions. I work with clients in a variety of formats, including individually, and in group settings, conducting group therapy. I see clients of all ages and backgrounds with the exception that I do not work individually with children under the age of six years of age.

Code of Conduct: As a LPC, I am required by 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 the Code of Conduct is available to you upon request.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared 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 information.

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

Privileged Communication: 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.

Emergency Situations: When the receptionist is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, seek help through hospital emergency facilities or by calling 911.

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.

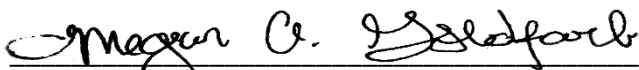
Physical Health: Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. Also, please provide me with a list of any medications that you are currently taking.

Potential Counseling Risk: The client should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, you should feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Megan A. Goldfarb, M.A., LPC and my signature below indicates my full informed consent to services provided by Megan A. Goldfarb, M.A., LPC.

Client First and Last Name _____ Email Address _____

Client Signature _____ Date _____



Megan A. Goldfarb, M.A., LPC _____ Date _____

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Megan A. Goldfarb, M.A., LPC
(Name of parent or legal guardian)

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

Signature of parent or legal guardian _____ Date _____