

Kenneth Schmitt, LPC-Supervisor
New Orleans Counseling and Hypnosis Center
4034 Canal Street, New Orleans, LA 70119
(504) 909-2643 or (504) 681-7030

1. You have selected Kenneth Schmitt, LPC-S for you, your child and /or your family.

2. Qualifications:

I earned a Masters of Counselor Education from The University of New Orleans in December 2011. I am a Licensed Professional Counselor-Supervisor # 5222 with the LPC Board of Examiners, which is located at 8631 Summa Avenue, Baton Rouge, LA 70809 (phone 225/765-2515). I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs).

3. Counseling Relationship:

I see the 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 and develop future goals for an improved life.

4. Areas of Focus:

I work with children and adults individually, and in groups. In addition to being a Licensed Professional Counselor in Louisiana, I hold a national certification as a National Certified Counselor (NCC#298651) and I am a Registered Play Therapist Supervisor through the Association of Play Therapy.

5. Fee Scales and Office Procedures:

One Hour Sessions are \$125.00. I have appointments available on Monday, Tuesday and Thursday evenings and Saturday mornings. Private pay and Insurance is accepted. Services may be covered in full or in part by insurance. Any questions concerning insurance should be directed to Hope Gersovitz at NOCHC at 504-681-7030 or by email at info@counselingnola.com. Payment/co-pays are collected at the end of session. Appointments are scheduled at the end of the session or by phone. Appointments that are canceled with less than 24- hour notice are subject to a \$125.00 fee.

Provisions of my professional services beyond clinical sessions:

All requests concerning rendering or provision of professional services beyond the standard Clinical Sessions at my office as described herein-above, including, by way of illustration, legal, academic, records, shall be billable and paid in accordance with the following policy:

- (a) Fees for consultation (via in person or phone call) with teachers/schools/other clinicians shall be assessed and charged at a rate of \$125.00 per hour. Consultation phone calls with client or clients parents/guardians shall be charged in 15 min. increments at a rate of \$25.00.
- (b) Fees for records request/letter writing for client shall be charged to the appropriate client (including those clients who are no longer actively receiving my professional services) at a fee of \$75.00
- (c) Travel time, documentation and any other action-related tasks (i.e. legal consultation, record review, court mandate and/or expert witness via court summons) will also be

assessed at the \$125.00 per hour rate as this takes time and service out of my clinical practice.

- (d) This fee is in addition to any therapy-related accrued fees and will be billed on a case-by-case basis.

6. Services Offered and Clients Served:

I focus on working with children, adolescents and adults. I approach counseling from a client-centered perspective using non-directive therapy to create a self-regulating environment, promote healthy development, and to build a positive relationship between the therapist and client. I believe clients are empowered by their participation in the therapeutic relationship and can actualize their potential for growth and change.

7. Code of Conduct:

As a Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by the licensing board. A copy of this Code of conduct is available to you upon request at no charge. I also adhere to the code of ethics for the Association of Counseling (ACA) and The Association for Play Therapy Therapy's (APT) best practices guidelines, of which both organizations I am a member. Copies of these are available upon request.

8. Confidentiality:

Material revealed in counseling will remain strictly confidential except for material shared with my supervisor and 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 a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult, or 4) a subpoena or other court order is received directing the disclosure of information. The law requires me, in these cases, to inform the appropriate authorities.

9. 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.

10. Emergency Situations:

For after hour emergencies you can contact me at 504-909-2643. If an emergency situation should arise and you can not reach me you may seek help through your local hospital emergency room facilities or by calling 911.

11. Client Responsibilities:

You, the client are a full partner in counseling. Your honesty and effort is essential to success. Clients are expected to be on time for the sessions and be forthcoming in the evaluation of the progress that is made. If it develops that you would be better served by another mental health provider, I will help you with the referral process. If you are currently seeing 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.

12. 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 inform me of any medication that you are now taking.

13. 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 the client was not initially aware. If this occurs, the client should feel free to share these new concerns with me.


15. Digital Communication and Technology Agreement:

As per the certification requirement of the LPC Board, I have taken the continuing education necessary to utilize tele-mental 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 Zoom, each of these platforms are HIPAA compliant and I have signed the required Business Associate Agreement (BAA) with each company.

Please initial here if you agree to the digital communication policy stated above: _____

16. Statement of Understanding:

I have read the Declaration of Practices and Procedures of Kenneth Joseph Schmitt, LPC-S, and my signature below indicates my full informed consent to services provided by Kenneth Joseph Schmitt, LPC-S

Client Signature Date


Kenneth Schmitt, M.Ed., LPC-S, NCC, Registered Play Therapist Date

Parent/Guardian Consent for Treatment of a Minor

I, _____, give my permission for Kenneth Schmitt,
(Name of Parent of Legal Guardian)

M.Ed., LPC-S to conduct therapy with my _____,
(Relationship) (Name of Minor)

Signature of Parent or Legal Guardian _____ Date _____