

**Declaration of Practices and Procedures
New Orleans Counseling and Hypnosis Center**

Joy M. Taylor, M.S., PLPC
4038 Canal Street
New Orleans, La. 70119
504-681-7030

Qualifications: I earned a Masters of Science degree in Clinical Mental Health Counseling from Capella University in 2019. I am a Provisional Licensed Professional Counselor (PLPC) #PLPC____ and hold a provisional license with the Louisiana LPC Board of Examiners located at 11410 Lake Sherwood Ave North Suite A Baton Rouge, LA 70816 (225-295-8444). The Louisiana LPC Board of Examiners has approved Hope Gersovitz PhD, LPC-S, LMFT 4440 Canal Street, New Orleans, La, 70119 (504-270-9618) as my LPC Board-Approved Supervisor. Dr. Gersovitz is licensed with the Louisiana LPC Board as a Licensed Professional Counselor (LPC) and is approved to supervise PLPCs who are 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 me, the Provisional Licensed Professional Counselor, working as a team to explore and define present problem situations, develop future goals for an improved life, and working in a systematic fashion toward realizing those goals.

Areas of Focus: I am a PLPC at New Orleans Counseling and Hypnosis Center and a public High School in St, Bernard Parish, Chalmette High School. I have received training, experience, and supervision in both individual and group therapy. I also have received training and experience working with children, adolescents, and adults.

Fees and Office Procedures: If you would like to file with your insurance, it is your responsibility to provide proof of your insurance prior to your initial intake session. If you choose not to utilize insurance, or your insurance is not accepted, the out of pocket fee will be \$125.00.

There will be an \$125.00 charge for missed or cancelled appointments, unless a notice is given 24 hours prior to the scheduled appointment. If you do not show up for your scheduled appointment and you have not contacted us at least 24 hours in advance, you will be required to pay the cost of the treatment as booked. We do this in order to ensure that we can help as many people as possible.

All payments, including co-payments, deductibles, and co-insurance amounts, are due at the time services are rendered, unless prior arrangements have been made. Our office manager can be contacted at New Orleans Counseling and Hypnosis Center's main telephone line (504-681-7030) for any questions regarding payment, insurance, scheduling, or other office matters.

Services Offered and Clients Served: I provide services to clients of all ages, in individual and group settings. When minors (individuals 18 years and younger) are involved, parent(s) or guardian(s) may be asked to participate in the counseling process with their child(ren) as needed and at my discretion. Some presenting issues may also require the participation of other family members or close relations.

Code of Ethics/Conduct: As a PLPC, I am dedicated to advancing the welfare of families and individuals. I am guided in this pursuit by a code of ethics published by the American Counseling Association and adopted by my licensing board, the Louisiana LPC Board of Examiners. I am required by law to adhere to the American Counseling Association Code of Ethics for Licensed Professional Counselors, as well as Louisiana Law. Copies of these codes are available upon request for any client who might wish to study them further. Should you wish to file a disciplinary complaint regarding my practice as a PLPC, you may contact the Louisiana LPC Board of Examiners

Confidentiality: All information shared in counseling will be kept strictly confidential *except* in the following circumstances, in accordance with state law:

- 1) When there is clear and immediate danger to a person or a person's life, in which case, client confidences will be disclosed in an effort to prevent any such clear and immediate danger. *This may include the notification of next of kin, another person who may prevent the clear and immediate danger, and/or the appropriate law enforcement agency.*
- 2) As mandated reporters, we must report a reasonable suspicion or knowledge of child abuse or neglect, elder (individuals 60 years and older) abuse or neglect, and/or abuse or neglect of disabled or dependent adult.
- 3) If a waiver is previously obtained in writing and signed by all adults involved in the counseling sessions, then such information may only be revealed in accordance with the terms of the waiver.
- 4) Certain types of litigation, where the counselor is a defendant in a civil, criminal, or disciplinary action, may lead to the court-ordered release of information, even without a client's consent, in which case client confidences will only be disclosed in the course of that action.

When more than one member of the family is seen, we consider the family system as the client. Within that system, information may be shared by me with other members of the system if it is deemed necessary to bring about the change you have requested. If safety issues are involved, I will make recommendations regarding the course of counseling. If clients do not wish to proceed with the recommendations, I will refer them to other mental health providers in the area.

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.

When in the client's best interest, I may consult with other helping professionals. In these instances, client confidentiality will continue to be maintained by withholding any identifying information.

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 appraise clients of all mandated disclosures as conceivable.

After Hours and Emergencies: Clients with emergency medical or mental health situations needing an immediate response are directed to call 911 or to present to the local emergency room for intensive crisis assessment. Ochsner Medical Center Emergency Room is located at 1514 Jefferson Hwy. New Orleans, Louisiana 70121 (504-842-3000).

Client Responsibilities: Clients must make their own decisions. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

“Homework” is a vital part of the therapeutic process. The completion of homework is necessary if the client is to get the most from the therapeutic experience.

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. If it develops that another provider would better serve you, I will assist you with the referral process.

You, the client, are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have any suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments.

Physical Health: Physical health may 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, you were asked in the intake packet to provide a list of the medicines you and/or your family members are currently taking.

Potential Benefits and Risks of Counseling: The client should be aware that counseling poses potential risks:

- 1) In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, feel free to share these new concerns with me.
- 2) Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it.
- 3) Changes in relationship patterns that may result from counseling/family counseling may produce unpredicted and/or possibly adverse responses from other people in the client’s social system. It is possible that as one family member changes, additional strain may be placed on the family.

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 VPCare360; 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: _____

I have read the Declaration of Practices and Procedures of Joy M. Taylor, MS, PLPC, and my signature below indicates my full informed consent to services provided by Joy M. Taylor, MS, PLPC.

Client signature

Date

Client signature

Date

Joy Taylor, MS, PLPC

Joy M. Taylor, MS, PLPC

Date

Hope Gersovitz, PhD, LPC-S, LMFT

Date

Guardian Authorization for Treatment of Minors

As a guardian, I understand that I have the right to information concerning my minor child in counseling, except where otherwise stated by law. I also understand that Mrs. Joy M. Taylor, MS, PLPC believes in providing a minor child with a private environment in which to disclose himself/herself to facilitate counseling. I, therefore, give permission to Joy M. Taylor, MS, PLPC to use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with me.

I, _____ (Guardian), give permission for Joy M. Taylor, MS,

PLPC to conduct therapy with my _____, _____.
Relationship Name of Minor

Signature of Parent/Legal Guardian