

Declaration of Practices and Procedures

Helen Wilson, M.A., LPC, NCC
Helen Wilson Counseling, LLC
673 E Airport Avenue
Baton Rouge, LA, 70806
225-283-4094

Qualifications: I earned a Master of Arts degree in Counselor Education with a Specialization in Community Counseling from Louisiana State University in 2015. I am a Licensed Professional Counselor (LPC) #6434 with the Louisiana LPC Board of Examiners located at 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 LPC, 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 toward realizing those goals.

Areas of Focus: I focus on clients seeking to increase wellness in their lives in addressing physical, mental, emotional, social, and spiritual issues. I concentrate on counseling children, adolescents, college students and adults. I am licensed as a LPC in Louisiana. I also hold a national certification as a National Certified Counselor.

Fees and Office Procedures: The fee for counseling services as discussed by the counselor and client is paid directly to Helen Wilson Counseling, LLC. Check, cash, and credit card is accepted. Payment for services is due at the close of each session. Payment is not accepted from insurance companies.

Appointments are typically set at the close of each session. I am available for counseling appointments Tuesday and Thursday of each week. Appointments may be scheduled, rescheduled or cancelled in speaking directly with me between the hours of 8:00am and 4:00pm Monday through Friday. Failure to give notice for any appointment not cancelled 24 hours in advance will result in a charge for the time reserved for you.

Services offered and Clients Served: I approach counseling from a primarily 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 am a Christian counselor and will integrate faith into counseling. I will work with clients on an individual basis and in family therapy. I see clients of all backgrounds ages five and older.

I am not a custody evaluator. I do not appear in court for custody hearings. My priority is the mental health of the client and for counseling to be a safe, neutral environment.

Code of Conduct: As a LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC 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. I am also a member of the Louisiana Counseling Association (LCA), the American Counseling Association (ACA), and the National Board for Certified Counselors (NBCC), and adhere to the ethical codes designated by these professional organizations, as well.

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 conceivable.

Emergency Situations: I am unavailable to answer calls after normal office hours. If it is not an emergency, you may leave a message on my voice mail and I will return your call by the next business day. In an emergency situation when an immediate response is necessary, you may call the Crisis Intervention Center (The Phone) at 924-3900 or the Our Lady of the Lake Cope Team at (225) 765-8900. You may also 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 Helen Wilson, M.A., LPC, NCC and my signature below indicates my full informed consent to services provided by Helen Wilson, M.A., LPC, NCC.

Client Signature

Date

Helen Wilson, M.A., LPC, NCC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Helen Wilson, M.A., LPC, NCC
(name of parent or legal guardian)

to conduct therapy with my _____, _____.
(relationship) (name of minor)

Signature of Parent or Legal Guardian

Date