Stacy House, LPC-S

Baton Rouge Christian Counseling Center

763 North Boulevard, Baton Rouge, LA 70802

(225)387-2287

WELCOME LETTER AND INFORMATION

Thank you for choosing me as your therapist, I am looking forward to meeting you. Below is an explanation of the things you'll need to know to be prepared for our first visit:

DIRECTIONS: See the attached map. My office is on the third floor of the red brick administrative building on the First Presbyterian Church campus at 763 North BOULEVARD (not Street) in downtown Baton Rouge. We are across Convention Street from the downtown Post Office. The church takes up a whole city block, bordered on 4 sides by North Boulevard (grass down the middle), Convention, and 7th and 8th Streets. In that block, we are in the red brick building closest to the Interstate. Either park at a meter on 8th Street and enter via the 8th Street door OR park in the big free parking lot on Convention and enter via the Chapel door. We can only buzz you in at 2 doors. Buzz the Counseling Center and someone will ask who you are here to see and then unlock the door. The counseling center is located on the 3rd floor. Both an elevator and stairs are available. You may want to allow extra time to find us for your first session, especially given Baton Rouge's traffic. Printing out these directions and/or bringing the map that is attached will help.

SCHEDULING: For your convenience, you can schedule online via www.therapyappointment.com. After your first visit, please access this portal to schedule or cancel any future appointments. To access the portal, visit www.therapyappointment.com and select my name. The first time you can only schedule one appointment, after that as many as you wish. To get a jumpstart, or because of travel, some people elect to schedule 2 sessions for the first visit, or later visits. This is particularly helpful for couples counseling.

PAPERWORK: Please review, sign, and bring all the attached paperwork to your first appointment. Please do not print back to back. If you do not print out the forms, please allow 20 minutes before your session begins to complete them so you won't lose any of your therapy time. If you run late, you lose minutes. If I run late, you will always get all of your time. If you're coming as a couple then I need both of you to fill out all of the forms.

FEES: The fee per 50 minute session is $112. The first evaluative session is $132.

PAYMENT: It is the BRCCC policy that payment must be made at the time of service. You can pay with check, cash, Visa/MasterCard, or Discover. A 3% service charge will be added to credit card payments. There is no service fee for cash, check, or debit card.

CREDIT CARD ON FILE: To secure your appointment, we must have your credit card number on file prior to your arrival for the first session. It is safely secured through encryption.

INSURANCE: I will file with your insurance and am in network with Blue Cross Blue Shield, United Healthcare/Optum, Aetna, Humana, WebTPA, and Gilsbar. It is your responsibility to

verify benefits. We can give you a receipt with a diagnosis for you to file for reimbursement via "out of network" benefits. You can see if you have mental health benefits by calling your insurance company and asking some questions that we have listed on a form on our website, under FORMS:

CONFIRMATION OF APPOINTMENT: On the Registration Form in your account online you can elect to have your appointments confirmed through text, email. However, whether an appointment is confirmed or not, you are still responsible for remembering your appointments and will be charged if you miss.

CANCELLATIONS: If you ever need to cancel - I need at least 24 hours notice, preferably 48 hours. Cancellation within the remaining 24 hours will result in a charge. I really appreciate your understanding so I can schedule other clients in need of counseling. We have voicemail or email 24 hours a day, 7 days a week. If you need to cancel within the 24 hours, you can't do that online – you have to call or email.

WAIT LIST: If you now, or ever, want an earlier appointment and nothing is available – email, message through the online scheduler, or call and ask to be put on my waiting list. We'll call you if something opens up earlier. I sometimes email out notice of last minute cancellations. If you think you'll need more sessions, you may want to not wait until your first appointment to schedule more sessions so that you can get the times you want. The system only lets you schedule your first appointment – if you want more, call.

COMING AS A COUPLE: I generally meet with a couple together first, then one session with each person individually, then back together as a couple from then on. If this isn't possible, I can be flexible. And for future sessions if one can't come it's OK to come alone. If you have any questions, please email me or give me a call. Please know that I'm looking forward to meeting you!

STACY HOUSE, LPC-S

Baton Rouge Christian Counseling Center

763 North Blvd, Baton Rouge, LA 70802

(225) 387-2287 ● (225) 383-2722 fax

www.brchristiancounseling.com

Stacy@brchristiancounseling.com

POLICY FOR CANCELLATIONS, NO SHOWS, AND CREDIT CARD AUTHORIZATION

It is my policy, and the BRCCC's policy, to securely store the client's credit card number for payment purposes. Credit card numbers will be securely locked and kept confidentially along with other client data. It will be used for the initial session, subsequent sessions (if desired) and to bill Missed Appointment/Late Cancellation fees. Payment is due at the time of the session. Please initial below:

_____I/We agree to have my/our credit card kept on file for payments

initials **and agree to a charge of full fee ($112 per session) for appointments missed:**

1) For any session not cancelled with at least 24 hours notice.

2) For any appointment I/we neglect to appear ("no show")

3) For any balance owed 30 days past due. My card will be

charged for the amount of the remaining balance due.

_____I understand that any card on file, whether listed below or encrypted in our software

initials **program, can be used**

☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

CARD NUMBER: _____

SECURITY CODE:_____

ZIP CODE:_____

CARDHOLDER NAME: _____

EXP DATE:_____

SIGNATURE:_____

NOTICE OF PRIVACY PRACTICES CONSENT FORM

Effective April 14, 2003 a federal regulation, commonly known as the "HIPAA Privacy Rule", requires that we must provide all of our clients with a detailed notice, in writing, of our privacy practices. We have this lengthy "Notice of Privacy Practices" available in our waiting room and it is also on our website: www.brchristiancounseling.com. A written copy of this policy is available upon request.

I understand that as a condition to my receiving treatment, Baton Rouge Christian Counseling Center may use or disclose my personally identified health information for treatment, to obtain payment for the treatment provided, and as necessary for the operations of this office. These uses and disclosures are more fully explained in the Privacy Notice that has been provided to me, and which I have had the opportunity to review.

I understand that the privacy practices described in the "Notice of Privacy Practices" may change over time, and that I have a right to obtain any revised Privacy Notices, if requested.

I also understand that I have the right to request BRCCC to restrict how my health information is used or disclosed. BRCCC does not have to agree to my request for the restriction, but if BRCCC does agree, BRCCC is bound to abide by the restriction as agreed.

Finally, I understand that I have the right to revoke/withdraw this consent in writing, at any time. My revocation/withdrawal will be effective except to the extent that BRCCC has taken action in reliance on my consent for use or disclosure of my health information. Provision of future treatment may be withdrawn if I withdraw my consent.

_____ _____

Signature **Date**

_____ _____

Signature **Date**

_____ _____

Signature **Date**

BATON ROUGE CHRISTIAN COUNSELING CENTER

Intake form for Children

TO HELP WITH YOUR CHILD'S FIRST SESSION, PLEASE FILL OUT THE FOLLOWING INFORMATION AS COMPLETELY AS YOU CAN. PLEASE NOTE: ALL INFORMATION IS CONFIDENTIAL

Date_____Child's Age_____

Child's Birthday_____

Name of Child_____ Name of Parent's

_____

Address_____ZipCode_____

Residence Phone_____

Person responsible for the bill: _____ same as above or:

Name_____

Mailing Address_____

Father's Occupation_____ Work phone_____

Mother's Occupation_____

Work phone_____

Name of School_____

Grade_____

Teacher_____

Any Church Membership_____

How often does the family participate in some type of religious activity?_____

_____

_____

Briefly describe your family's spiritual life:_____

_____

_____

Who referred you to us?_____

Family Physician_____

Person to contact in case of emergency_____

Name_____ Phone number_____

List all members of the family (including anyone living in the house) by name and their age:

1._____

2._____

3._____

4._____

5._____

6._____

7._____

Has your child or any member of your family ever had counseling before? _____ yes _____no If yes, describe and list counselor._____

_____

What concerns you most about your child?_____

_____

_____

When did the problem start or when did you first notice it?_____
_____
_____ Has your child's eating or sleeping habits changed?_____
_____
_____
What would you like your child to get out of counseling?_____
_____
_____
What have you tried so far?_____
_____
_____
Describe your child's personality - focus on strengths._____
_____
_____
_____
_____
____
Have there been any physical and/or psychological stressors in your child's life - moves, separations, deaths, abuse, etc.?_____
_____
_____ At what age did these occur?_____
_____
_____
How does your child react to stress?_____
_____
_____ Has anyone in the extended family had a similar personality and/or problems?
_____
_____
_____ What has been your biggest struggle with this child?_____
_____
_____ Do both parents work outside the home?_____
How is alcohol handled in the home?_____
_____Does either parent use alcohol or drugs? _____yes _____no If yes, describe frequency and type_____
_____
Does your child have any speech difficulties? _____yes _____no If yes, explain_____
_____
Does your child have any physical handicaps? _____yes _____no If yes, explain_____
_____
Does your child have any hearing or vision difficulties? _____yes _____no If yes, explain_____
_____
_____

Does your child have any special fear? _____yes _____no If yes, explain_____
_____
_____
Does your child like to read? _____none _____little _____moderately _____much
When your child is doing homework, do you help him? _____yes _____no If yes, explain what you help him with and how long it takes you to help him.
_____
_____What age did your child enter school?_____
Did your child attend nursery school? _____yes _____no
Did your child attend kindergarten? _____yes _____no
Has your child skipped any grades? _____yes _____no
Has your child repeated any grades? _____yes _____no
Has your child changed schools? _____yes _____no
If yes, list schools and years attended:_____
_____What subjects in school does your child like best?_____
_____What subjects in school does your child dislike?_____
_____If separated, divorced, or unmarried: Does your child see the other parent? _____yes _____no Briefly describe child relationship with other parent?_____
_____Briefly describe child relationship with step-parent?(if applicable)_____
_____ Is your child taking any prescription drugs at this time? _____yes _____no If yes, what type, what purpose, and who prescribed it?_____

Declaration of Practices and Procedures

Stacy House, LPC-S

Baton Rouge Christian Counseling

763 North Blvd., Baton Rouge, LA 70802

(225)-387-2287

Qualifications: I earned a MA degree in counselor education from Southeastern Louisiana University in 2009. I am licensed as a LPC-S #4621 with the LPC Board of Examiners which is located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816 (phone 225-295-8444).

Counseling Relationship: I see counseling as a process in which the client and the counselor work together to explore and define present problem situations. We then develop goals and work in a systematic fashion to realize these goals.

Area of Expertise: My interests include but are not limited to working with individuals, couples, and families dealing with mental health issues, especially those surrounding the family unit and child abuse and or neglect. I have additional training child parent psychotherapy. I am registered as a LPC-S in Louisiana.

Fees and Office Procedures: Therapeutic services are offered to client's with mild to moderate mental health needs.. Fees are $132 for initial session and $112 for each subsequent session. Initial appointments can be made by contacting our office at (225)387-2287 or creating an account on our website at brchristiancounseling.com. Follow up appointments can be made on our website at brchristiancounsleing.com or by calling the office at 225-387-2287. My policy, and the policy of BRCCC, is to securely store the client's credit card number for payment purposes. It is used for the initial session, for subsequent sessions, for any "no shows", and for appointments not cancelled with at least 24 hours of notice. The time you schedule for appointments is reserved for you specifically. If you must cancel a session, the office must be notified at least 24 hours in advance, which will allow for the scheduling of another person who may benefit from this time, or you will be responsible for the full session fee of $112. If the office is not open and you need to cancel, you can leave a message in our voicemail at (225) 387-2287 and the time of the call will be registered. We aim to confirm appointments, but do not always have ample staff to do so. Responsibility for remembering appointments rests with the client

Services Offered and Clients Served: I approach counseling from a family systems and client centered approach. I am open to work with any client with whom I believe I can form an effective counseling relationship. I am open to working with individuals, couples and families.

Code of Conduct: I am required by law to adhere to the code of conduct for my practice which is determined by the Louisiana LPC Board of Examiners. A copy of this code is available on request.

Confidentiality: Information that is expressed in the counseling relationship is confidential except for materials shared with my supervisor and in certain circumstances in accordance with state laws:

1. The client provides a written request for release of information indicating informed consent.
2. The client expresses intent to hurt him or herself or anyone else.

3. There is reasonable suspicion of neglect of a minor, elderly adult (60 or older), or dependent adult.

4. A court order is received directing the disclosure of information.

In any of these situations I will do my best to alert the client that their information is being disclosed as quickly as possible. In the case of minor children information may be shared with the parent. In couple and family counseling information will only be shared when the client consents.

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 inform clients of all mandated disclosures when possible.

Litigation Limitation: Given that certain types of litigation (such as child custody suits) may lead to the court ordered release of information without your consent, it is expressly agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you or any attorney, or anyone else acting on your behalf, will call Stacy House to testify in a deposition or in court or any other proceeding, nor will a disclosure of any information contained in the chart, including but not limited to the psychotherapy notes, as defined and protected under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) be requested.

Emergency Situations: If an emergency occurs, please dial 911 or go to the nearest emergency room.

Client Responsibilities: Clients are expected to arrive on time for appointments. Clients should actively participate in the counseling session to achieve any successful outcome. If the client feels as if he or she is not benefiting from sessions he or she should inform the counselor. The client should keep the counselor informed of his or her perceived progress. If you are currently receiving any mental health services from another provider, I expect you to disclose this to me and allow me to work together with that professional to better accommodate your needs. If you would be better served by another mental health provider, I will help you with the referral process.

Physical Health: It is important that I am aware of any medications legal and illegal you are currently taking. If you have not had a complete physical in the last year, I strongly recommend that you have one now as any medical problems can exacerbate problems you are currently dealing with.

Potential Counseling Risk: As a result of Counseling a client may realize that there are additional issues which had not surfaced prior to the counseling relationship. It is also important to realize that as the client changes the relationships he or she has will be affected. This is especially apparent in marriage and couple counseling.

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 my Zoom business account. The client should be aware that they have the right to refuse digital communications with the therapist.

Teletherapy: Synchronous (real-time video and audio transmission) sessions may be provided to client′s where appropriate. Client′s must be in safe and private environments while participating in video-based sessions. Other individuals who have not consented to counseling or signed a release of information may not observe sessions. Teletherapy or in-person sessions cannot be recorded, redistributed, posted, uploaded, etc. All clients who participate in Teletherapy Sessions must sign an Informed Consent Agreement. For client′s convenience, paperwork may be emailed through an encrypted email service. However, counseling services will not be provided through asynchronous (e-mail, text, chat, blogs, etc.) methods. Communication via video, e-mails, texts and telephones can compromise the privacy and confidentiality of conversations. Please notify me if you decide to avoid or limit in any way the use of video, telephone, or any other form of

electronic communication. As part of my practice, I may call you or email you between your appointments to confirm / remind you of upcoming appointments or to assist you with any technical problems that may occur.

I have read the declaration of practices and procedures of Stacy House, LPC-S and my signature below indicates my full informed consent to services provided by Stacy House, LPC-S.

Client Signature_____ Date_____ Stacy House, LPC-S_____ Date_____

Parental authorization section for minor clients.

I, _____, give permission for Stacy House, LPC-S, to conduct counseling with my (relationship)_____

(Name of minor)__

STACY HOUSE, LPC-S

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INFORMED CONSENT FOR
TELETHERAPY (VIDEO) COUNSELING

Prior to starting video-counseling services, we discussed and agreed to the following:

- There are potential benefits and risks for video-conferencing that differ from in-person sessions.
- Confidentiality still applies and no one will record the session without the permission of the other person.
- You will need a webcam or a smartphone/tablet for the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be in a quiet, private space that is free of distractions during the session.
- The same 24-hour cancellation rules apply to video counseling.
- Session fees are handled in an identical fashion as for teletherapy as in-person counseling.
- We need a back-up plan (e.g., phone number where you can be reached) in case we have technical difficulties. If we get disconnected, I will continue to try to reach you. If we both initiate, we will miss each other.

  Back-up phone number: (_____) _____

- We need a safety plan that includes at least one emergency contact and the closest ER to your location in the event of a crisis situation.

  Emergency Contact Name:_____

  Emergency Contact Number: (_____) _____

  Closest ER:_____

- **Consultation**: I may deem it appropriate to consult with or coordinate your care with other professionals, but only with your written agreement.
- **Louisiana License**: I can only counsel in the state I am licensed, Louisiana. Except in an emergency, i.e. COVID-19, counseling services cannot be delivered across state lines. I must know where you are when I am performing counseling services.
- **Ethics Code**: I follow the same Louisiana Code of Conduct and adhere to its ethics as outlined in my Declaration of Practices as an LPC.
- As your counselor, I may determine that due to certain circumstances, video counseling is no longer appropriate and that we should resume our sessions in-person.

PLEASE READ AND SIGN AND RETURN THE TELEMENTAL HEALTH AGREEMENT AS FOLLOWS:

Limits of Liability: As your client in teletherapy, I understand the limits of liability for Digital Communication, Telemental Health and Teletherapy. At the beginning of each session, I agree to disclose my current location and allow my therapist to assess for safety, security, and comfort in my environment. The virtual teletherapy sessions will be conducted through Zoom, a HIPAA compliant teletherapy platform, and provides a Busin4ss Associate Agreement and my Patient Health Information (PHI) will be protected within the limitations of Zoom and the environment in which the services are utilized. Your PHI is stored via our EHR system, Therapy Appointment, which is an electronic healthcare system. It is designed specifically for healthcare and provides a Business Associate Agreement for HIPAA compliance. Therapy Appointment uses encryption which is point to point and federally approved. Any paper with your personal information s kept in a locked cabinet behind at least one locked door.

Records: In the event that your clinician is no longer available due to untimely death or incapacity, one of the staff will be glad to assist you in obtaining appropriate referrals for further treatment and access to your records. They will also be responsible for destroying records after the legal time frame of storage

Verify Identity: Anyone receiving teletherapy via videoconferencing is required to verify their identity by showing his/her 0picture ID during the first session. If Teletherapy is being conducted over the phone, a passphrase or number will be chosen which will be used for all future sessions. This process is in place to protect you from another person posing as you.

Email and Text Messaging: The client should be aware that they have the right to refuse digital communications with the therapist; however, this could limit communication channels and immediacy of access to reach each other in the counseling relationship. The client understands that the use of digital technology, email, text messages, online video conferencing services, software, and/or platforms may not meet HIPAA compliance standards; therefore, I understand that my therapist will protect my information to the best of their ability within the limitations of the digital and physical environment.

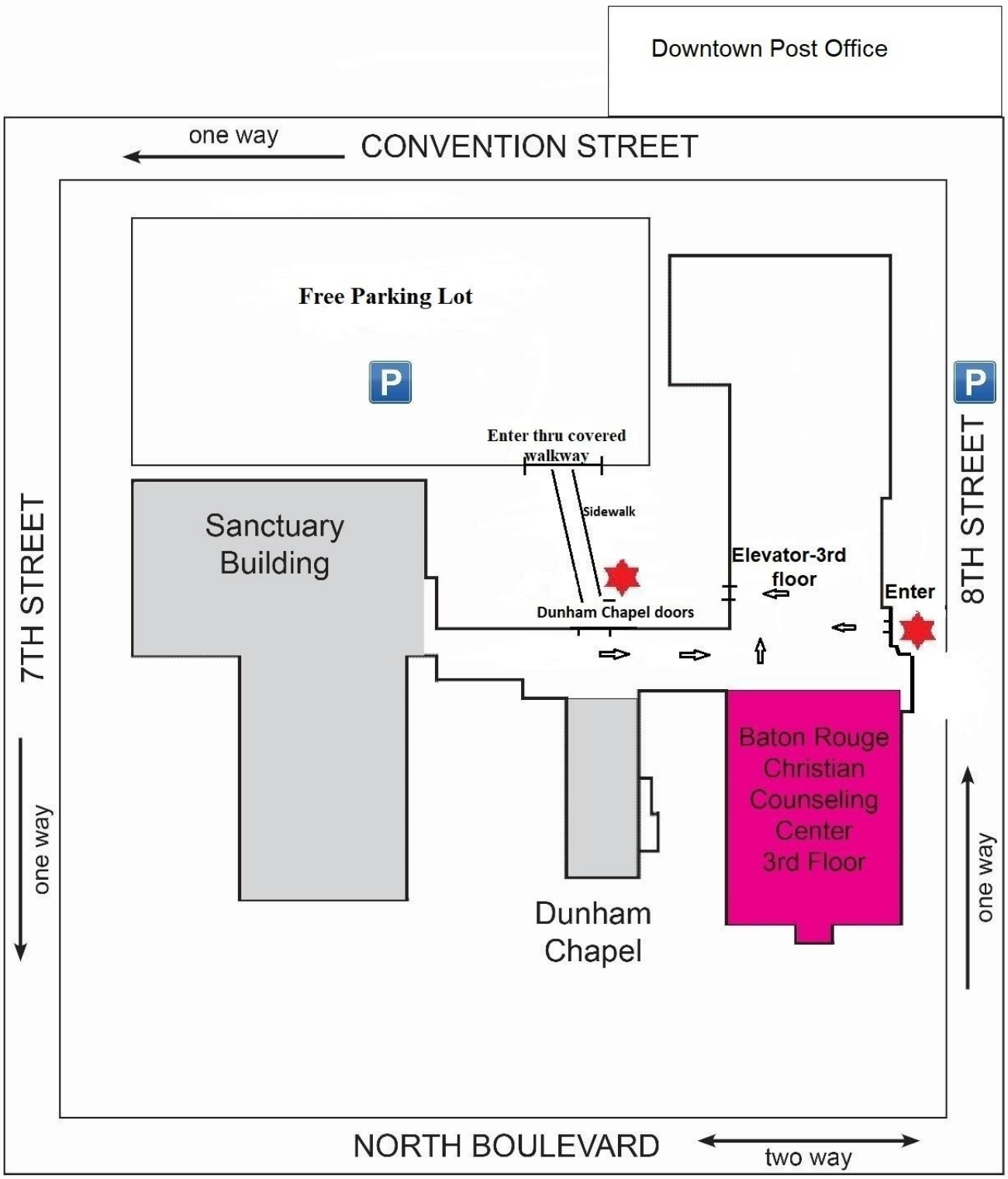
Risk: There is confidentiality risk involved for both parties in utilizing digital technology Communication. I understand the risk involved in digital communication and I hereby authorize my therapist to communicate with me utilizing digital technology on the internet.

Please initial here if you agree to the teletherapy policy outlined above: _____

Client's Signature(s): _____ Date: _____

Print Name: _____

Counselor's Signature: _____ Date: _____
Stacy House, LPC-S



Enter at either the 8th Street entrance or the Convention Street Chapel. Buzz appropriate box.

Parking available in the Convention St. lot (free) or on 8th Street.