

# DECLARATION OF PRACTICES AND PROCEDURES

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**Qualifications:** I earned a Master of Science degree in Counseling Psychology from Louisiana State University in Shreveport in 2008. I am a Licensed Professional Counselor #5197 with the Louisiana Licensed Professional Counselor Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, (225) 765-2515. I am a Licensed Professional Counselor #8218 with the North Carolina Board of Licensed Professional Counselors, P.O. Box 1369, Garner, NC 27529, (919) 661-0820.

**Counseling Relationship:** The counseling process is unique for each person. I view the counseling relationship as one in which you and I come to understand and trust one another. As a team, our purpose is to identify areas of concern, and to develop goals in order to improve problems and achieve an improved life. Together, we will work to realize your treatment goals.

**Areas of Focus:** I focus on clients suffering from depression, anxiety or with anger-control difficulties, as well as clients with family and relational issues. I have experience working with a broad variety of mild to severe emotional disturbances through individual, group and family counseling.

**Services Offered and Clients Served:** I approach counseling from a Person-Centered Approach, recognizing the client as an individual with unique experiences, strengths, and potential. I also utilize a cognitive-behavioral approach to counseling, working with clients to identify patterns of emotions, thoughts, and behaviors to first understand problems and then develop realistic solutions. I strive to increase a client's insight and self-awareness. I work with clients in a variety of formats, including individual, family, and group therapy.

**Fee Scales:** Clients are seen by appointment only and fees vary by service type. Session fees will be automatically charged at 12pm on the business day prior to your scheduled appointment time. Cancellations must be made before that time and will only be waived for (1) hospitalizations/illnesses verified by a doctor's note or (2) if we are able to rebook your appointment time. Late cancellation/no-show fees for insured clients are based on the insurer's allowable service charge and insurance companies will not reimburse you for these fees.

- Initial Consultation for Individual Therapy (55 min) \$120
- Individual Therapy (55 min) \$120
- Couples/Family Therapy, Initial (55 min) \$130
- Couples/Family Therapy, Standard (55 min) \$120

**Code of Conduct:** As a Counselor, I am required by law to adhere to the Code of Conduct that has been adopted by the Louisiana and North Carolina Licensing Boards, a copy of these codes are available upon request.

**Privileged Communication:** Material revealed in counseling sessions will remain strictly confidential, except under the following circumstances in accordance with state law:

- a) The client signs a written release of information
- b) The client expresses intent to him/herself or someone else
- c) There is reasonable suspicion of abuse/neglect against a minor, elderly person (60 or older), or dependent adult
- d) A court order is received directing the disclosure of information

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.

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

**Client Responsibilities:** You, the client, are expected to be an active participant in counseling. Your honesty and effort are crucial to success. As we work together, please share with me any concerns or suggestions you have so that we can consider adjustments for improvement. If it develops that you would be better served by another mental health provider, I will assist 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.

**Emergency Situations:** If an emergency situation arises and an immediate response is necessary, you may seek immediate assistance by reporting to the closest hospital emergency room or by calling 911.

**Physical Health:** Being physically healthy is an important factor in your emotional well-being. If you have not had a physical exam in the last year, it is recommended that you do so. Also, please discuss with me any medication you are currently taking.

**Potential Counseling Risk:** During mental health counseling, certain additional issues may surface during our sessions that you were not previously aware of. This may cause additional stress for you or your relationships. If any new concerns arise, please share these new concerns with me.

**I have read and understand the above information and agree to enter into this counseling relationship.**

Client Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For minor clients, please provide parental/guardian authorization below:*

I, \_\_\_\_\_ (name), give permission for Cortney Seymour MS, LPC to conduct counseling with my \_\_\_\_\_ (relationship to client), \_\_\_\_\_ (name of client).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_