

Declaration of Practices and Procedures

Jennifer Kenney Hollander, Ph.D., LPC, LMFT

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Hammond, LA 70401
(985) 634-7594

DECLARATION STATEMENT

Qualifications: I completed my Master of Arts Degree in Counseling at West Virginia University and Doctorate in Counselor Education at the University of New Orleans. I am licensed as a Marriage and Family Therapist # 131 and as an LPC # 2299 with the LPC Board of Examiners which is located at 8631 Summa Ave., Suite A, Baton Rouge, LA, 70809 (phone (225) 765-2515).

Counseling Relationship: I view counseling as a place where we work together on your concerns. Together we will develop goals to help you move forward in the difficulties you are experiencing and work as a team to resolve your concerns. You, the client, are a full partner in counseling.

Areas of Focus: I focus on working with clients experiencing marriage and family issues. I also serve adults and have a specialization in substance abuse.

Fees and Office Procedures: The fee for my services is \$120.00 for an initial session and \$100.00 per session thereafter. Payment should be paid directly to Hollander Counseling & Consulting. Payment is due at the time of service. I also accept insurance assigned rates as well as predetermined EAP rates.

Clients are seen by appointment only. Our office requires a credit card be kept on file as part of our procedures. Clients will be charged for appointments that are broken or canceled without 24-hour notice. Clients may leave a voicemail message or text to change an appointment. Texting will only be used for scheduling purposes. No social media platform interactions will be developed between client and therapist.

Services Offered and Clients Served: I have experience working with clients afflicted with various mental illnesses, substance abuse issues, and trauma issues. The treatment modality I use is a combination of Ericksonian Therapy and eclectic approach. I work with clients in a variety of formats including individually, with couples, families, and groups. I see clients from ranging from the ages of 12 and up in an individual context and younger children in a family therapy context. The goal is for the client to make independent choices and acquire insight into the nature of their issues.

Code of Conduct: As a LPC and LMFT, I am required by law to adhere to the Code of Conduct for practice of an LPC and LMFT 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. As an LAC, I am required by law to adhere to the Code of Ethics for practice of an LAC adopted by the Louisiana ADRA. A copy of this Code of Ethics is available to you upon request. In the event you are dissatisfied with my services for any reason, please discuss this with me.

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 himself/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 clients' 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. As a client, you must make your own decision regarding such things as deciding to marry, divorce, separate, reconcile, and how to set up custody and visitation. I may help you understand the consequences of these decisions but my code of ethics does not allow me to advise a specific decision.

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 attempt to notify clients of all mandated disclosures when possible.

Emergency Situations: If I am unavailable to answer calls after normal business hours, you may leave a message on the answering machine and I will return your call as soon as possible. In emergency situations when an immediate response is necessary, you may call North Oaks Hospital at (985) 230-1300. You may also seek help through the emergency room facilities or by calling 911.

Client Responsibilities: Clients are expected to notify me prior to beginning of therapy of any other ongoing professional mental health relationship or professional relationship that might impact the therapy as well as provide permission for me to contact the professional. Please also inform me during therapy before seeing another mental health professional or professional in another discipline that might impact the therapy.

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. I also request the name and telephone number of your physician and permission to contact this professional to coordinate treatment.

Potential Counseling Risk: During counseling, you may realize that you have additional issues which may not have surfaced prior to the onset of the counseling relationship. Changes made through therapy may bring about unforeseen changes in a person's life and individual issues may surface for each spouse as clients work on a marital relationship. Making changes in communication and/or ways of interacting with others may produce adverse responses from others and marital or family conflicts may intensify as feelings are expressed. Additionally, individuals in marital or family therapy may find that spouses or family members are not willing to change.

I have read the Declaration of Practices and Procedures of Jennifer Hollander, Ph.D., LPC, LMFT and my signature below indicates my full informed consent to services provided by Dr. Hollander.

Client Signature

Date

Jennifer K. Hollander, Ph.D., LPC, LMFT

Date

Parent/Guardian Consent of Treatment of a Minor:

I, _____, give my permission for Dr. Hollander to
conduct therapy with my _____,
(Relationship) (Name of Minor)

Signature of Parent or Legal Guardian

Date