**Janell W. Harvey, LPC Islands Counseling 805 Holcomb Boulevard**

**Ocean Springs, MS 39564 Appointment: 228 324-5767**

**Counselor: 228 326-2023**

**LPC # 0388**

**jharvey@islandscounseling.com www.islandscounseling.com**

**Declaration of Practices and Procedures**

**Education:** M.Ed. MS State University, Starkville, MS

**Areas of Expertise:** Depression/Anxiety, Sexual Abuse, Marriage, Parenting Education, Women’s issues, Family and Couple Issues

1. **Counseling Relationship**: I view counseling as a collaborative relationship in which the client and counselor work together to explore the current problematic issues and develop goals to address these issues. Within the counseling relationship, I focus on patterns of thoughts, behaviors, moods, and relationships that cause you concern.

2. **Fee Scales**:

The fee for “non-legal” counseling is $150.00 per fifty-minute session. “Non-legal” counseling is defined as counseling that is not affiliated with the court system or an attorney in any form.

The fee for “legal” services is $175.00 per fifty-minute session. “Legal” services include, but are not limited to, child custody evaluations, post-judgment monitoring, court mandated counseling, court mandated parenting or anger management courses, and any other services requested by the court or an attorney.

If during the course of “non-legal” counseling you request that I submit a verbal or written report to an attorney or court, or if you request that I testify in court pertaining to your (or minor child’s) case, the fee for services will be $175.00 per fifty-minute session.

Payment is due at the time of service.

I am a provider for most insurance companies. If you hold a policy that covers outpatient mental health benefits with any of these companies, I will file the insurance claim on your behalf. You are responsible for paying the co-pay and/or deductible according to your insurance plan. If a claim is rejected, you are responsible for paying the full fee. Check with the front desk to determine your co-pay.

If an appearance in court or deposition is requested, the fee is $175.00 per hour with a minimum of four hours for court appearance and a minimum of two hours for a deposition. Payment in full is due at least one week prior to an appearance in court or deposition, and any payment exceeding the minimum is due at the scheduled court or deposition appearance.

Charges apply for all emergency contact and phone conversations.

**Any no show or cancellation with less than twenty-four hour notice will incur the full charge for the scheduled session. NOTE: Insurance companies will not reimburse for missed sessions; therefore, you will incur the full responsibility of $80.00 for the missed sessions.**

All payments are made directly to Janell W. Harvey, LPC.

3. **Services Offered and Clients Served**: I approach counseling from an integrative approach based on the client’s needs and the nature of the presenting issues. The approach that I frequently use based on the most common presenting issues is cognitive behavioral. I believe that change occurs through the development of a collaborative working relationship and through changing negative thoughts and behaviors that affect changes in actions. I work with child six years through adolescents and women in all seasons of their life. I work with clients of all backgrounds.

4. **Code of Conduct**: I am required by law to adhere to the Codes of Conduct for practices that have been adopted by the Licensed Professional Counseling Board Copies of the codes of conduct are available to you upon request.

5. **Privileged Communication**: I am required to abide by the professional practice standards for Licensed Professional Counselors, Licensed Marriage and Family Therapists and Mississippi law. Material revealed in counseling will remain strictly confidential except under the following circumstances in accordance with state law: (a) The client signs a written release of information indicating informed consent of such release, (b) the client expresses intent to harm him/herself or someone else, (c) there is a reasonable suspicion of abuse/neglect against a minor child, elderly person (65 or older), or a dependent adult, or (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 possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

**6. Emergency Situations:** If an emergency situation should arise, you may seek help through hospital emergency room facilities. The emergency services number at Ocean Springs Hospital is 228 818-1145**.** If you have after hour critical needs that do not require the emergency room, leave a message on our primary office telephone number at 228-324-5767 or 228-324-2023, and a staff member will respond as soon as possible.

7. **Client Responsibilities**: You 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 us so that we can make the necessary adjustments. You, as the client, are responsible for making all final decisions regarding your treatment. If it develops 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 for you or make a decision about which mental health professional may serve you best.

8. **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. As a routine part of the initial session, you will be asked the name of your physician and to list any medications that you are currently taking. In addition, a medical referral may be suggested if a medical problem is suspected.

9. **Potential Counseling Risk**: You 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, please feel free to share these new concerns with me so that we can help you work through the issues.

10. I have read, understand, and agree to the above information.

Client signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the client is a minor, the parent or guardian must also sign.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child(ren) to receive counseling at Islands (parent’s signature) Counseling.

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(print parent’s name)