

Granberry Counseling Center
Norman Elrod
Graduate Student in Clinical Internship
Supervisor: Dr. Wendy Leger
Baptist Association of Greater Baton Rouge
10560 Airline Hwy, Baton Rouge, LA 70816
(225) 296-3943
Declaration of Practices & Procedures

Qualifications of your counselor I have worked for the Church for 9 years and am currently serving as a pastor in training at Grace Baptist Church in Baton Rouge. I have a B.A. in English from LSU in 2012, and am working towards a masters in Marriage and Family Therapy from New Orleans Baptist Theological Seminary. I am a counseling student intern under the supervision of Dr. Wendy Leger (LCSW #4075).

Areas of Focus: I have been studying Marriage and Family Counseling for several years. My areas of focus include depression, anxiety, conflict resolution, boundary work, and adult survivors of trauma.

It is important that you understand that I am NOT a Licensed Professional Counselor at this point in my career. I am, however, working with a case supervisor who is a licensed mental health professional. I meet with my supervisor weekly and discuss the various cases I am working with in counseling. I also receive instruction on improving my counseling skills.

Counseling Relationship and Expectation of the Client

I view counseling as a process in which the client and the counselor 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 systemic fashion toward realizing those goals.

Clients must make their own decisions regarding things such as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. The counselor can assist the client in thinking through the possibilities and consequences of decisions, but the Code of Ethics for all mental health providers **does not** allow counselors to make any specific decisions for a client.

My responsibility will be to actively listen to you as you share your story, assist you as you develop future goals for an improved life, and provide an environment of trust so you can realize these goals. Because I am being trained as a professional counselor, I have to abide by certain ethical codes regarding dual relationships. Please let me know if you have any concerns about interactions outside of the counseling room, such as attending church together. I choose not to be “friends” with my clients on Facebook or any other form of social media

Fees

The standard fee per counseling session is \$75.00. FEES ARE DUE AT THE TIME OF SERVICE. We accept cash, e-checks, and credit cards. You can now make payments securely online by credit card (MC, Visa, Discover, AmEx), debit card, health savings account/flex payment card, or e-check at www.granberrycounseling.org. We ask you to consider making your payments online prior to coming to your counseling session, print your receipt and bring it with you. You may also make a payment over the phone to our main office in Monroe by calling (318) 345-8200 or 1-877-345-7411. This will expedite your payments and eliminate delays in processing your credit cards or checks. By creating your own account on-line, you can also keep track of payments made. We will notify you of any returned e-check payments for which we charge \$5.

Please be aware that any declined insurance payments are your financial responsibility. We will help in any way we can to facilitate insurance payments. We do not accept Medicare or Medicaid.

Cancellations

We understand that occasionally appointments need to be cancelled. Please notify us as soon as possible when you know that you need to cancel. This provides an opportunity for that counseling session time to be available for someone else. If you do not notify us of your cancellation within 24 hrs of your scheduled appointment it is our policy to bill you at your fee per session or \$35.00, whichever is greater. If you do not attend a scheduled appointment without proper notification we reserve the right to receive the above mentioned fee before scheduling future appointments.

Types of Services

I work from a Christian world-view, but respect the religious beliefs of all persons. The theoretical base out of which I practice is typically Cognitive-Behavioral therapy. The nature of the issue presented by the client has a great deal to do with the theoretical approach to treatment planning.

Professional Code of Ethics

All mental health professionals are required by state law to adhere to the code of ethics adopted by the Louisiana Professional Counselor Board of Examiners. Copies of these codes are available in the office and clients are free to examine them at any time.

Confidentiality

Following are the limits to confidentiality:

1. If you threaten grave bodily harm or death to another person, we are required to inform the intended victim and appropriate law enforcement agencies.
2. If you report to us your knowledge of past or continuing physical or sexual abuse of a minor child by an adult, the counselor is required to inform the appropriate child welfare or law enforcement agency. The elderly and dependent adults are covered under this type of disclosure as well.
3. Your safety always takes precedence over confidentiality. In the event that you become unable to care for yourself or there is good reason to suspect suicidal behavior, we are able to waive the right of confidentiality in order to help insure your safety.
4. In Louisiana, couples are given confidentiality as individuals. If one individual in the couple reveals a secret to the counselor, the counselor cannot communicate this secret without permission from the individual who revealed the secret. However, to maintain effective treatment, the counselor will work with the individual to come to a position of safety to share the information with their spouse.
5. Graduate-level student counselors are under both individual and group supervision. While no identifying information is revealed in the context of group supervision, identifying information will be revealed with an intern's individual supervisor for the purpose of treatment planning. If you have any questions, please ask your counselor.
6. Counseling records may be released if subpoenaed by a court of law.

Emergencies

In some extreme situations, you may need to talk to your counselor before your next scheduled session. If the need cannot wait until the next scheduled session call (318) 345-8200 or 1-877-345-7411 for toll free assistance. If your counselor is not available, please leave a message and your call will be returned within 24 hours or the next business day. If you need assistance after hours, weekends, or in an emergency, call the following provider for crisis intervention or go to your local hospital emergency room:

National Hopeline Network: 1-800-784-2433

Baton Rouge:

The Phone (Crisis Intervention Center)
225-924-3900
Outside of Baton Rouge
1-800-437-0303

Physical Health of Clients

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 now taking Counselors should be informed of any future changes in medication.

Potential Risks of Counseling

Clients should be aware that counseling may carry certain risks:

1. The client may become aware that additional problems may surface of which they were not initially aware.
2. Studies suggest that marital counseling involving only one party may lead to the dissolution of the marriage.
3. Changes in relationship patterns that may result from family counseling may produce unpredicted and/or possibly adverse responses from other people in the client's social system.

I have read and understand the above information, and my signature below indicates my full informed consent to services provided by Norman Elrod.

Client signature _____ Date _____

Client signature _____ Date _____

Counselor signature _____ Date _____

Supervisor signature _____ Date _____

Parental Authorization

I, _____, give permission for Norman Elrod to conduct counseling with my (relationship) _____, (name of minor) _____.

Signature of Parent or Legal Guardian _____ Date _____