



# Declaration of Practices and Procedures

Kathryn H McElveen, M.Ed., LPC

Compass Awaken, LLC

Compassawaken.katie@gmail.com

(985)-974-4752

**1. Qualifications:** I earned a Master of Education in Counselor Education from Southeastern Louisiana University in 2013. I am licensed as a LPC #5922 with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, 225-765-2515.

**2. Therapeutic Relationship:** I see counseling as a process in which the counselor and the client come to trust one another. We will work together as a team to identify and explore present problems and develop future goals in a systematic fashion.

**3. Areas of Focus:** The majority of my clients have presented with issues pertaining to anxiety, depression, anger, abuse-related issues, grief, life changes, self-acceptance, problems in relationships, and conflict resolution.

**4. Fees and Office Procedures:** The fee for counseling is \$100.00 a session if paid on a session-to-session basis. If paid in advance, 4 sessions will be \$375.00. If something arises and you cannot make a scheduled meeting, there is a 48-hour cancellation policy in which you can reschedule within a week or a \$25.00 inconvenience fee will be required.

My office hours are by appointment only. Any person wishing to speak with me may call and if there is no answer please leave a message and I will return your call within 48 hours during normal business hours (Monday-Friday 9-4). You may also email me at [compassawaken.katie@gmail.com](mailto:compassawaken.katie@gmail.com) at your convenience for non-emergency questions.

**5. Services Offered and Clients Served:** I take on an integrative style of counseling to meet the needs of my clients effectively. This includes but is not limited to Person-Centered therapy, Solution-Focused therapy, and Adlerian therapy where individual and group counseling are both utilized along with workshops. As a Christian counselor, I believe that spirituality is a vital part of the counseling process. It is not necessary that you share my views in order for us to have a counseling relationship. I will always respect your personal beliefs and will address spiritual concerns if you express such a desire.

**6. Code of Conduct:** As a Licensed Professional Counselor I am required by law to adhere to the Code of Conduct for practice as a Licensed Professional Counselor that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of these codes is available to you upon request.

Should you wish to file a disciplinary complaint regarding my practice as a LPC, you may contact the Louisiana LPC Board of Examiners. I must also follow all codes of ethics for the LCA organizations. I must follow these codes to maintain my membership requirements.

**7. Confidentiality:** Material revealed in counseling will remain strictly confidential except for material shared under the following circumstances, in accordance with State law:

- 1) There is reasonable suspicion of abuse or neglect against a minor, elderly person (60 years of age or older), or a dependent adult
- 2) The client expresses intent to harm to oneself or someone else
- 3) A court order is received directing the disclosure of information.
- 4) The client signs a written release of information indicating informed consent of such release.

**8. Privileged Communication:** I claim the right to privileged communication with my clients unless an emergency arises which requires disclosure by state law. I will endeavor to inform clients if a necessary disclosure of information will happen. In the event that a client brings a partner, spouse, family member, or others into sessions, the client hereby agrees that material obtained individually may be shared with others brought into therapy by the client. Any material obtained from a minor client may be shared with the client's parent or guardian. If I see the client outside of the counseling environment, I will not acknowledge your presence so as to respect your privacy.

**9. Emergency Situations:** If the counselor is not available you may leave a voice message and I will return your call. In an emergency situation during non-office hours, you may seek help through emergency services by calling 911 or going to the nearest emergency room. You may also call the COPE Hotline 24/7 at 225-765-8900 or 800-864-9003 or the National Suicide Hotline at 800-273-8255. Crisis and emergency situations cannot be communicated to me through text or email.

The nearest hospitals are as follows:

North Oaks Health System

15790 Medical Center Dr, Hammond, LA 70403  
Phone (985) 230-1359

Hood Memorial Hospital

301 Walnut St, Amite City, LA 70422  
Phone: (985) 748-9485

Saint Helena Parish Hospital

16874 LA-43, Greensburg, LA 70441  
Phone: (225) 222-6111

**10. Client Responsibilities:** You, the client 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 me so that we can make necessary changes. If I or you determine 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 to you.

**11. Physical Health:** Physical health can be an important factor in the emotional well-being of an individual. It is recommended that the client have a physical examination within the past year before coming to counseling. Also, please provide me with a list of any medications you are taking. Any current medications that you may be taking should remain part of your regular prescribed medication regimen. Any changes to your personal medication regimen should be done only in consultation with your prescribing physicians. Treatment herein is not intended to supersede, change, or substitute for any treatment that you receive from your own physicians.

**12. Substance/Alcohol Abuse:** Please be aware that presenting for sessions intoxicated or while under the influence of substances or alcohol will not be allowed, and if this happens we will not proceed with the session.

**13. Potential Counseling Risks:** Be advised that there are certain risks associated with the counseling process. Clients may have other problems surface through the process that they were not initially aware of. If this happens, please feel welcome to discuss these with me.

**14. Release of Liability:** The client unconditionally releases and discharges Kathryn H McElveen M.Ed., LPC from any liability in connection with my participation in the appointment(s).

**15. Agreement and Consent:** The client certifies that they read this document carefully and fully understand the benefits and risks. They have had the opportunity to ask any questions and they have and have received satisfactory answers. With this knowledge, they voluntarily consent to participate in counseling.

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

LPC signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, give permission for Kathryn H McElveen, M.Ed., LPC to conduct counseling with my (relationship) \_\_\_\_\_

Name of minor \_\_\_\_\_

Signature of minor client: \_\_\_\_\_

Emergency Contact Name(s)

Phone number(s)

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# Teletherapy Declaration and Informed Consent

Kathryn H McElveen, M.Ed., LPC  
Compass Awaken, LLC  
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## TO CLIENTS

Licensed mental health professionals are required by their licensing boards to provide you, the client, with certain basic information. You have already received and signed the basic Declaration of Practices and Procedures from Kathryn H McElveen M.Ed., LPC. This Teletherapy Policy & Procedure document describes certain important aspects of therapy unique to Teletherapy. I am providing you this information for your review and agreement. Please read it carefully and discuss any questions you have before signing below.

By signing this form, you are not making a commitment to continue teletherapy therapy as a permanent modality, but you will continue to have that option should you and Kathryn H McElveen M.Ed., LPC both agree that it is in your best interest.

## QUALIFICATIONS OF CLINICIAN

I have completed 6 hours of live telehealth care training in addition to my professional qualifications as a clinician. This training covered the Law and Ethics and Clinical Skills specifically related to telehealth care. I will continue to receive at least three hours of continuing education in the area of telemental health every two years. All teletherapy sessions will be conducted on an encrypted site that meets the federal standard.

## Scheduling and Structure of Teletherapy

Counseling sessions will be scheduled in 50-minute increments, unless you and Kathryn H McElveen M.Ed., LPC agree on a different time schedule. The next session will be scheduled at the end of the current session, unless otherwise agreed upon. The structure of sessions will be dependent on the treatment plan and interventions being used.

## Ethical and Legal Rights Related to Teletherapy

Kathryn H McElveen M.Ed., LPC will not be conducting Teletherapy in any other state than Louisiana unless she specifically seeks and obtains licensure in the other state. It is important for you, as a client, to realize if you should relocate to another state, Kathryn H McElveen M.Ed., LPC ability to continue to conduct teletherapy would be dependent on her decision whether or not to seek licensure in the state to which you are relocated.

## RESPONSIBILITIES OF THE CLIENT

All clients should:

- Be appropriately dressed during sessions.
- Avoid using alcohol, drugs, or other mind-altering substances prior to session.
- Be located in a safe and private area appropriate for a teletherapy sessions.
- Make every attempt to be in a location with stable internet capability.

Clients should NOT:

- Record sessions unless first obtaining Kathryn H McElveen M.Ed., LPC's permission.
- Have anyone else in the room unless you first discuss it with Kathryn H McElveen M.Ed., LPC.
- Conduct other activities while in session (such as texting, driving, etc.).

\* If the client is a minor, a parent or guardian must be present at the location/building of the teletherapy session (unless otherwise agreed upon with the therapist).

## POTENTIAL COUNSELING RISKS

When using technology to communicate on any level, there are some important risk factors of which to be aware. It is possible that information might be intercepted, forwarded, stored, sent out, or even changed from its original state. It is also possible that the security of the device used may be compromised. Best practice efforts are made to protect the security and overall

privacy of all electronic communications with you. However, complete security of this information is not possible. Using methods of electronic communication with us outside of our recommendations creates a reasonable possibility that a third party may be able to intercept that communication. It is your responsibility to review the privacy sections and agreement forms of any application and technology you use. Please remember that depending on the device being used, others within your circle (i.e. family, friends, employers, & co-workers) and those not in your circle (i.e. criminals, scam artists) may have access to your device. Reviewing the privacy sections for your devices is essential. Please contact me with any questions that you may have on privacy measures.

### **POTENTIAL LIMITATIONS OF TELETHERAPY**

Teletherapy is an alternate form of counseling and should not be viewed as a substitution for taking medication that has previously been prescribed by a medical doctor.

It has possible benefits and limitations. By signing this document, you agree that you understand that:

- Teletherapy may not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts.
- Misunderstandings may occur due to a lack of visual and/or audio cues.
- Disruptions in the service and quality of the technology used may occur.
- While I do not file insurance claims, I can make an invoice available to you to file with your insurance company. Please check with them ahead of time to be sure your policy covers telemental health counseling.

### **EMERGENCY SITUATIONS**

The following items are important and necessary for your safety. The clinician will need this information in order to get you help in the case of an emergency. By signing this consent to treatment form you are acknowledging that you have read, understand, and agree to the following:

- The client will inform Kathryn H McElveen M.Ed., LPC of the physical location where he/she is, and will utilize consistently while participating in sessions and will inform Kathryn H McElveen M.Ed., LPC if this location changes.
- In the first teletherapy session, you will provide the name of a person Kathryn H McElveen M.Ed., LPC is allowed to contact in the case she believes you are at risk. You will be asked to sign a release of information for this contact.
- In the first teletherapy session, you will provide information about the make, model, color, and tag number of your automobile.
- In each session you will provide information about the nearest emergency room or emergency services (such as fire station, police station, if there is not an emergency room nearby.)
- Depending on the assessment of risk and in the event of an emergency, you or Kathryn H McElveen M.Ed., LPC maybe required to verify that the emergency contact person is able and willing to go to the client's location and, if that person deems necessary, call 911 and/or transport the client to a hospital. In addition to this, Kathryn H McElveen M.Ed., LPC may assess and therefore require that you, the client create a safe environment at your location during the entire time of treatment. If an assessment is made for the need of a "safe environment" a plan for this safe environment will be developed at the time of need and made clear by Kathryn H McElveen M.Ed., LPC.
- In the case of a need to speak to me between sessions, please call, or text, and leave a message. I do not provide emergency services on a 24-hour basis. If your emergency is after hours, please contact your nearest emergency room. Typically contact between sessions is limited to arranging for appointments.
- If you are in need of the services of other professionals, I am happy to consult and coordinate with them. Clients should not routinely be meeting with more than one counselor unless the two

counselors have agreed to coordinate your care.

### **BACKUP PLAN IN CASE OF TECHNOLOGY FAILURE**

A phone is the most reliable backup option in case of technological failure. It is, therefore, highly recommended that you always have a phone at your disposal and that I know your phone number. If disconnection from a video conference occurs, end the session and I will attempt to restart the session. If reconnection does not occur within five minutes, call me at the contact number I have provided. If, within 5 minutes, I do not hear from you, you agree (unless otherwise requested) that I can call the provided phone number.

### **CONSENT TO TELETHERAPY TREATMENT**

I have read this Declaration of Telehealth Policies and Procedures and my signature below indicates my full informed consent to services provided by Kathryn H McElveen M.Ed., LPC via teletherapy treatment.

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

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

Clinician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Authorization for Minors I, \_\_\_\_\_, give  
permission for \_\_\_\_\_ (clinician's name) to conduct  
counseling with my (relationship), \_\_\_\_\_, (name of minor)

\_\_\_\_\_.  
(Options for recording your signature:

- You may sign this document while I am watching via video; or
- You may scan the signature page and send it via text to me; or
- You may snap a picture and send it via text to me;
- You may mail your signed document, sending it to me at the address at the top of this document.)