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| http://www.snetman.com/images/uploads/work-images/bcw-symbol.gif | Kristi Bierbaum LPC NCC1513 Line Avenue #320Shreveport, LA 71101 | Phone: (318) 525-6099Fax: (318) 562-1329E-mail: kristibierbaum@gmail.com |

**Declaration of Practices and Procedures**

**Qualifications:** I earned an MA degree from Texas A&M-Texarkana in 2009 and an MS degree from Webster University in 2002. I am licensed as an LPC #4674 with the Licensed Professional Counselors Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809, and telephone (225) 765-2515.

**Counseling Relationship:** I see counseling as a process in which you, the client, and I, the counselor, having come to understand and trust one another through client-centered psychotherapy, work as a team to explore and define present problem situations, develop personally identified future goals for an improved life and work in a systematic fashion toward realizing those goals.

**Areas of Expertise:** I focus on adults with pervasive and chronic disorders with individual or group therapy.

**Fee Scale:** Please see the attached fee schedule.

**Office Service Fee**

90791 Diagnostic Interview $75

90837 Office Psychotherapy 60 minutes $60

90832 Office Psychotherapy 30 minutes $35

90847 Family Therapy $55

90853 Group Therapy $25

Results Interpretation $35

Preparation of Report $35

Legal Proceedings 60 minutes $85

**Services Offered and Clients Served:** I approach counseling from a client-centered perspective using REBT techniques in that all individuals are motivated by a drive to achieve their fullest potential. My role as a therapist is to provide an environment that you can freely explore issues that are self-directed and eventually promote personal growth. I work with a variety of formats and methods in counseling which include both group and individual counseling. However, if during the course of the initial visit, you chose to pursue counseling as an individual, I will be unable to also see you in group counseling and vice versa.

**Code of Ethics:** As a counselor, I am required by state law to adhere to the Code of Ethics for practice that has been adopted by my licensing board. A copy of this is available upon request.

**Privileged Communication:** Materials revealed in counseling will remain strictly confidential except for:

1. The client signs a written release of information indicating informed consent of such release.
2. The client expresses intent to harm him/herself or someone else.
3. There is a reasonable suspicion of abuse/neglect against a minor, elderly person, or a dependent adult.
4. 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. I will endeavor to apprise clients of all mandated disclosures as conceivable.

**Emergency Situations:** If an emergency situation should arise, you may seek help through hospital emergency room facilities or by calling 911.

**Client Responsibilities:** You, the client, are a full partner in counseling. Your honesty and effort is essential to success. If, as we work together, you have suggestions or concerns about your counseling, I expect you to share with me so that we can make necessary adjustments. If it develops that you would be better served by another mental health service 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 services.

**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 the medicines you are currently taking.

**Potential Counseling Risk:** The client should be aware that counseling poses potential risks. In the course of working together additional problems may surface of which the client was not initially aware. If this occurs, the client should feel free to share these concerns with me.

I have read and understand the above information.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_