

Declaration of Practices and Procedures

Dean E Altenhofen, II, MS, L.P.C-S, N.C.C
Effective Counseling Center
701 Robley Drive, Suite 137, Lafayette, LA 70503
EffectiveCounselingCenter.com
337-981-0081 / Dean@Altenhofen.com

Qualifications: I received a Master of Science degree in Counselor Education from the University of Louisiana at Lafayette in May 2005. I am a Licensed Professional Counselor (License #3521), licensed by the LPC Board of Examiners, which is located at 11410 Lake Sherwood Ave North, Suite A, Baton Rouge, LA 70816. Their telephone number is 225-765-2515. I became a Nationally Certified Counselor (NCC) in September 2009. This certification is granted by the National Board for Certified Counselors, which is located at 3 Terrace Way, Greensboro, NC 27403. I am also a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPC's).

Counseling Relationship: Counseling is a dynamic relationship between you, the client, and I, the Counselor, which is based on trust and designed to facilitate personal growth and understanding.

Areas of Focus: I focus on clients with symptoms of depression, anxiety, difficulties maintaining attention and focus, and chronic physical pain. I also work with patients experiencing marriage and family issues.

Fees:

- The fee for service is \$120.00 per counseling session. Note: The fee for appointments starting before 9:00 am and after 4:59 pm is \$180.00 per session.
- Payment is due at time of service and is not accepted from insurance companies.
- Telephone conversations with the client, lasting longer than 10 minutes, will be billed at the per session rate, in 15-minute sections
- Letters/Reports written for, or on behalf of the client are billed at \$120.00 per hour or any fraction thereof.
- Consultations of any kind (e.g. attorneys, teachers, health providers, etc.) will be billed at \$300.00 per hour, or any fraction thereof, including travel time.
- Clients will be charged for appointments that are broken or cancelled without 24-hour advance notice.

Services Offered and Clients Served: I provide counseling in my office, over the telephone, and on the internet, using HIPPA-approved web services. I approach counseling primarily from a solution-focused, cognitive behavioral perspective in that patterns of thoughts and actions are explored to better understand the clients' motivation and develop a solution. I do not offer advice to clients; rather I help clients look at their problems in a more objective manner, so they can develop a deeper understanding of the causes and gain greater acceptance while achieving a higher level of functioning. I work with clients individually, or in concert with friends, spouses, partners, or family members. I work primarily with adult and adolescent clients from various backgrounds.

Code of Conduct: As a Licensed Professional Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board. A copy of this code of conduct is available to you upon request.

Confidentiality/Privileged Communication: Material revealed in counseling will remain strictly confidential except 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 him/herself or someone else;
- 3) There is a 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.

It is my policy to assert privileged communication on behalf of my client and the right to consult with the client, if at all possible, except during an emergency, before mandated disclosure.

With the exception of minor children, client information will not be disclosed to spouses, partners, or other relations of clients. In the case of minor children, any material obtained from the minor client may be shared with the client’s parent or legal guardian.

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

Client Responsibilities: You, the client, are a full partner in the counseling process. Your honesty and a willingness to engage in the counseling process are essential to your success. I encourage you to offer suggestions and notify me of any concerns about your counseling experience, so we can make necessary changes. If it becomes apparent that you would be better served by another mental health provider I will assist you with the referral process. If you are receiving services from another mental health professional, I expect you to inform me and grant me permission to share information with this professional so we may best help you. It is also your responsibility to be on time for your appointments. To best help all of my clients, I am obligated to start each session on time and cannot extend your session into another client’s time if you are late. Therefore, being late for an appointment will mean that your session will be shorter than normal and you may not have enough time to do as much work as you would like to do during that session. It is also important for you to know that the use of cellular telephones is prohibited during counseling sessions.

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

Physical Health: Physical health can be an important factor in the emotional well-being of an individual. It is important for you to consult with your physician to rule out any physical causes of current mental health problems and to list any medications you are currently taking.

I have read and understand the above information and been allowed to ask questions about it.

Client Signature _____ Date _____

Print Name _____

Counselor Signature _____ Date _____

For Minor Clients Only:

I, _____, give permission for Dean E. Altenhofen, II to conduct counseling with my (relationship) _____

Name of Minor: _____