

Declaration of Practices and Procedures

Andrea Toups, LPC, LMFT
Anchor of Hope Counseling Services, PLLC
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Qualifications: I earned a M.Ed. from Southeastern Louisiana University in 1999. Additionally, I earned a Th. M. in Psychology in Counseling from New Orleans Baptist Seminary. I am currently working on my Ph.D. in Psychology and Counseling at New Orleans Baptist Seminary. I am licensed as a LPC # 2998 with the Licensed Professional Counselors Board of Examiners, 8631 Summa Ave, Baton Rouge, Louisiana 70809, (225)-765-2515. I hold License # 1038 as a Licensed Marriage and Family Therapist.

Counseling Relationship: I strive to establish a counseling relationship that is person-centered and interactive and to use my skills and professional expertise to facilitate growth and development.

Area of Expertise: I work with adolescents, adults, couples and families with a wide range of problems to address issues arising in the school, social or home settings. I hold a national certification as a National Certified Counselor (NCC) #208076. I also hold a clinical membership in the Christian Association for Psychological Studies (CAPS).

Fee Scales/Office Procedures: All fees and charged will be published in the current fee schedule, unless the therapist and client (s) have made other arrangements. All fees are due when services are rendered. Information concerning fees, payment requirements, missed appointments, and insurance payments are included on my fee schedule.

Appointments are typically set at the close of each session. I have morning, afternoon and evening appointments Monday through Friday.

Services Offered and Clients Served: Counseling is often insight oriented and problem-focused and may be presented in an individual or group setting. I primarily approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand the clients' problems and to develop solutions. However, dependent on my professional judgment as to what is best for the client, techniques utilized will come from a wide variety of disciplines and theoretical perspectives including the use of systems theory, structural/strategic, solution focused brief therapy and spiritual disciplines. I am experienced in the working with problems of childhood and parenthood, marital difficulties, and life difficulties of adulthood that may relate to disturbances in family relationships. I am a certified PREPARE/ENRICH Counselor. While I make no systemic presentation on the subject, I am decidedly Christian in my orientation.

Code of Conduct: As a LPC, I am required to adhere to the Louisiana Codes of Conduct for Licensed Professional Counselors. I am also required by law to adhere to the Louisiana Code of

Ethics for Licensed Marriage and Family Therapists. A copy of the Code of Conduct is available upon request.

Privileged Communications: Materials 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 (which is required for those who use third party insurers, HMO or PPO plans, or EAP programs; 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 (65 or older), 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.

In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or family members only with the client's permission. Clients may refuse to sign such a waiver but should be advised that maintaining confidentiality for individual sessions during couple or family therapy could impede or even prevent a positive outcome to therapy. Any material obtained from a minor client may be shared with that client's parent or guardian.

After Hours and Emergency Situations: Should you need to contact me between appointments, call me at (504) 246-9570. You may leave a message and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you are instructed to contact a local medical or psychiatric hospital or call 1-800-256-2970.

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 these with me so that we can make the necessary adjustments. 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 to you.

Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

Appointments are usually scheduled one time a week for approximately one hour, with the first session devoted to gathering necessary information. The entire therapy process varies in length dependent on the nature of each client's situation.

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 now 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. Often times the client may feel intense and unwanted feelings, including sadness, fear, anger, and guilt and/or anxiety. The experiencing of such feelings area an integral part of the therapeutic process are both natural and normal. If this occurs, the client should feel free to share these new concerns with me.

Termination: Suspension, termination, or referral may be initiated by either the counselor or the client. Treatment efforts will conclude when (1) the sought-after goals have been sufficiently achieved; (2) the client chooses to leave; or (3) it becomes evident that the client should continue therapy with another therapist due to a therapeutic impasse or a need for increased specialization. You have the right to terminate participation in therapy at any time, for any reason, without needing to explain, and without financial obligations other than those already accrued. Termination is most often a mutual decision based upon the welfare of the counselee. Clients who wish to terminate therapy agree to meet with this counselor first, prior to making a final decision. It is my ethical duty to provide services only as reasonable progress is seen.

The Professional Contract

_____ (Name/s of clients/, hereinafter referred to as the Client has this day retained Andrea Toups, LPC, LMFT, NCC to provide psychotherapy and/or family therapy. The agreed fee per 50-minute session is _____.

It is expressly understood that Andrea Toups, LPC, LMFT, NCC, has not and will not issue any guarantee of cure or treatment effect, number of sessions necessary, or total cost of service. It is further understood that Andrea Toups shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors and Licensed Marriage and Family Therapists.

We, the undersigned counselor and the client/s/, have read, discussed together, and fully understand this agreement and stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered voluntarily by the Client/s/ with competency, and with knowledge and understanding of the consequences.

Client/s/ Signature _____ Date: __/__/__

_____ Date: __/__/__

Counselor's Signature _____ Date: __/__/__

I, _____, give permission for _____ to conduct counseling

with my (relationship) _____ (name of minor) _____.