

Declaration of Practices and Procedures

Nancy B. Tracy, MS, LPC
Phone: 318-268-0757
nancy@nancytracylpc.com

QUALIFICATIONS:

- MSCP (Masters of Science in Counseling Psychology), LSU
- LPC (Licensed Professional Counselor), #3699
Licensed by the LPC Board of Examiners, 8631 Summa Ave., Baton Rouge, LA 70809
(225)765-2515

COUNSELING RELATIONSHIP: I see counseling as a process in which you, the client(s), and I, the counselor, develop a relationship of trust in which you feel safe to reveal your needs and vulnerabilities in order that I may help you regain emotional, psychological, and spiritual balance. *Together* we will define your current challenges and areas for emotional, psychological, and spiritual growth, and *together* develop specific goals to help you achieve that growth. I view the counseling relationship as a sacred relationship in which all parties involved learn, grow, and heal.

AREAS OF EXPERTISE: I focus on clients with such issues as trauma, addiction, grief, unresolved anger, boundary setting, communication skills, depression, anxiety, stress, and personality traits. I employ psycho-education, talk therapy, creativity exercises, and homework to help clients develop mentally, spiritually, and emotionally. I also use the 12 Step Recovery Model of healing when appropriate. I am experienced in treatment of Depression and Anxiety, couples issues, dysfunctional/addictive family systems, Addiction Recovery. I am trained in EMDR (Eye Movement Desensitization and Reprocessing) for trauma.

FEE SCALE: I accept a variety of insurance plans, and will be happy to ascertain your benefits. Clients will be charged \$100 for no-shows or appointments that are cancelled without 24-hour notice.

SERVICES OFFERED AND CLIENTS SERVED: I approach counseling from a cognitive-behavioral perspective, which means that your patterns of thought and behaviors are explored in order to better understand your issues and their underlying motives, and thus develop healthier thinking and behaviors.

Since COVID, my private practice is solely through tele-counseling, which clients are enjoying because of the ability to participate from home and not having to travel. I use the platforms Doxy.me/nancytracy (individual only) and Zoom (groups and counseling individuals simultaneously from different locations).

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 is available to you upon request.

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 reasonable suspicion of abuse/neglect against a minor, elderly person (60 or over), or a dependent adult, or 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 client of all mandated disclosures 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 other family members only with the client's written permission. Any material obtained from a minor client may be shared with that client's parent or guardian.

INSURANCE PROVIDERS: Insurance companies, other third-party payers, and billing services are given information that they request regarding services to the clients. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

EMERGENCY SITUATIONS: If an emergency situation should arise, you may seek help through hospital emergency facilities or by calling 911.

CONTACT BETWEEN SESSIONS:

If you have non-emergent questions or concerns between sessions, please email or text me between 8am and 5 pm and I will respond within 24 hours.

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 invite you to share those 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.

SOCIAL MEDIA: I do not communicate or accept friend requests from current clients on any social media site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have any questions about this, please let me know and we can talk more about it.

PUBLIC ENCOUNTERS: Should we by chance meet in public, I will not acknowledge you in order to protect your privacy. If you choose to approach me, then I will certainly respond. If you want to introduce me to the people you are with, it is your choice how to describe our relationship.

PHYSICAL HEALTH: Physical health is 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 and to list any medications 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. If this occurs, the client should feel free to share these new concerns with me.

I (We) _____ have read and understand the above information.
(please print clearly)

Client signature: _____

Date: _____

Client signature: _____

Date: _____

Counselor signature: _____

Date: _____