

Declaration of Practices and Procedures

Angela M. VanWright, M.A., LPC-S
VanWright Counseling Services, LLC.
990 Quail Creek Road
Shreveport, LA 71105
318-560-8119

Qualifications: I earned a Master of Arts Degree in Counseling and Guidance from Louisiana Tech University in 2006. I am licensed as an LPC-S #4197 with the Louisiana LPC Board of Examiners at 11410 Lake Sherwood North, Suite A, Baton Rouge, LA 70816 (225-295-8444). I am a Board-Approved Supervisor of Provisional Licensed Professional Counselors (PLPCs) in the state of Louisiana. I am also licensed as an LPC #87557 with the Texas Behavioral Health Executive Board.

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, work as a team to explore and define present problem situations, develop future goals for an improved life, and work systematically toward realizing those goals.

Areas of Focus: I focus on clients with marriage and family issues, trauma, and mental health issues. I am also certified in Eye Movement Desensitization and Reprocessing (EMDR) Therapy. In addition to being licensed as an LPC-S in Louisiana, I hold a national certification as a National Certified Counselor (NCC #644809). I am also a Professional Member of the Louisiana Counseling Association and a Licensed Clinical Christian Counselor (#16524). I have completed the requirements outlined by the Louisiana LPC Board of Examiners to practice the specialty area of teletherapy.

Fees and Office Procedures: My fee for an initial session is \$100.00. Subsequent sessions, lasting 45-60 minutes, are \$75.00. Payment is accepted from insurance companies. For information regarding fees, please don't hesitate to contact Angela M. VanWright at the number listed above. Proof of insurance will be verified prior to services being rendered. If an EAP is referring you, then your fee will be paid for by the EAP Company.

Appointments are typically set at the close of each session. I have morning, afternoon, and evening appointments available Monday through Thursday, and on Friday, I have morning and afternoon appointments. Weekends (Saturdays & Sundays) are by appointment only. You may call me directly to schedule, reschedule, or cancel an appointment from 8:00 am to 4:00 pm Monday through Friday. Failure to give notice for any appointment not canceled 24 hours in advance will result in a standard fee of \$50.00. This also applies to clients whom an EAP has referred. In case of an emergency, however, the fee will be waived.

Services Offered and Clients Served: I approach counseling from a cognitive-behavioral perspective, exploring patterns of thoughts and actions to understand clients' problems better and develop practical solutions. I work with clients in various formats, including individual sessions, couples' sessions, and family sessions. I also conduct group therapy. I work with clients of all ages and backgrounds, and I will work individually with children under six years of age.

If desired, Teletherapy can be the mode of delivery. I will engage in a discussion and screening with you regarding the appropriateness of teletherapy, as it is contingent upon suitability.

Please note that teletherapy is not without risks, and reasonable mitigation measures will be taken to ensure your privacy is protected from potential breaches. In the event of a violation, I will notify you within sixty (60) days with details and the measures taken by Angela M.

VanWright. If, at any point, there is a clinical indication that teletherapy is inappropriate or that an alternative level of care is necessary, I will discuss this with you and assist with the referral process. For additional information, please review the Communication Policy. Please note that I can provide treatment only within the states of Louisiana and Texas. All audio, video, and text engagement must occur within the state, and you must notify me before traveling outside of Louisiana.

Code of Conduct: As an LPC, I am required by law to adhere to the Code of Conduct for practice that my licensing board, the Louisiana LPC Board of Examiners, has adopted. A Copy of the Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as an LPC, you may contact the Louisiana LPC Board of Examiners. I am also required to follow and adhere to the Code of Conduct for practice as a Licensed Clinical Christian Counselor (LCCC), as adopted by my licensing board, the National Christian Counseling Association (NCCA). A copy of the Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as an LCCC, you may contact the National Christian Counseling Association.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared 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 child or an elderly person (60 or older), or dependent adult.
4. A court order is received directing the disclosure of information.

In the event of marriage and family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

Privileged Communication: 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 reasonably possible.

Emergency Situations: When the receptionist is unavailable to answer calls after regular office hours, you may leave a message on the answering machine, and I will return your call as soon as possible. In an emergency when an immediate response is necessary, you may seek help through hospital emergency room facilities: Ochsner LSU, 1501 Kings Hwy., Shreveport, LA 71103 at 318-675-5000), Willis-Knighton Behavioral Medicine Unit Located at 2510 Bert-Kouns Industrial Loop in Shreveport, Telephone # 318-212-5200. Emergency services are available 24 hours, seven days a week, or call 911.

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 the necessary adjustments. If I determine that another mental health provider would better serve you, 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 permit me to share information with this professional so that we may coordinate our services to you.

Physical Health: Physical health can be an essential factor in the emotional well-being of an individual. If you have not had a physical examination in the past year, it is recommended that you schedule one. Also, please provide me with a list of any medications that 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 you were not initially aware. If this occurs, you should feel free to share these concerns with me.

Risks of Correspondence by Email and Text Messages:

Potential risk factors exist when utilizing email or text messages for communication –

- Correspondence circulated, stored, and broadcast to unintended recipients.
- Misaddressing of correspondence may occur and result in it being sent to an undesired recipient.
- Archived copies of correspondence may exist after deletion by the sender or recipient.
- Employers may assert the ability to inspect correspondence through company systems.
- Correspondence intercepted, altered, or forwarded without authorization or detection.
- Correspondence may potentially be used as evidence in court
- Correspondence may not be secure and may be subject to a third-party breach.

Communication Policy

Reasonable means will be made to maintain the security and confidentiality of information transmitted. Consent to the following conditions to utilize email or text messaging:

- Email and text messaging are inappropriate for emergencies.
- There is no guaranteed response timeframe.
- Correspondence to be concise and utilized for scheduling purposes.
- All correspondence will be documented in your health record.
- Avoid use for the communication of sensitive medical information.

-

Social Media Policy

Interaction: Communication on social media platforms (i.e., Facebook, LinkedIn, Twitter, Instagram, etc.) is not compliant with HIPAA, therefore, is prohibited. All contact must occur through a secure means (i.e., email, phone). Texting (SMS) shall only be used for administrative purposes such as scheduling or modifying appointments. Please be aware that any information received or exchanged between you (client) and me (clinician) must be recorded and archived as a part of your medical record. Friends and Following: Protecting your privacy is paramount in the client-clinician relationship. Accepting requests to connect (friending, following) on social media networks, as well as viewing your social media void of meaningful use or consent could potentially compromise your security. Also, this could potentially impose upon the therapeutic relationship, therefore friending and following are prohibited. Fanning: As a mental health professional, my practice is involved in providing a variety of services to clients, providers, and the community. For this reason, my practice maintains a social media presence. It is permissible for you to view, like, and share posts from my practice, but I do not accept fanning of these pages from clients as this potentially compromises your status as a current or former client. Review Sites: As with any healthcare practice, my practice may be found on business review websites. I am unable to endorse, solicit, respond to, confirm, or otherwise acknowledge any reviews per ethical guidelines. If you elect to provide feedback on any review website, it is advisable to avoid using your name or any other identifiable information to prevent compromising your privacy as a current or former client.

I have read the Declaration of Practices and Procedures of Angela M. VanWright, M.A., LPC-S and my signature below indicates my full informed consent to services provided by Angela M. VanWright, M.A., LPC-S.

Client Signature

Date

Angela M. VanWright, M.A., LPC-S

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for Angela M. VanWright, M.A., LPC-S
(Name of Parent or legal guardian)

to conduct therapy with my _____, _____.
(Relationship) (Name of minor)

Signature of Parent or Legal Guardian