

**Declaration of Practice and Procedure**  
**Kelli C. Churchill, LCSW**  
**Fairway Office Park, 5001 Highway 190, Suite B1, Covington, LA 70433**  
**(985) 630-8350**

- I. Qualifications:** I earned a Master of Social Work degree from Louisiana State University and am a registered Licensed Clinical Social Worker, #7735. I was licensed by the Louisiana Association of Social Workers located at 700 North 10<sup>th</sup> St., Baton Rouge, LA. 70802; the phone number is 225-346-1234
- II. Counseling Relationship:** I will facilitate an atmosphere of warmth and trust in which you may examine and change patterns of behavior that are currently not helpful. It is the goal of the counseling relationship for you to choose new behaviors and implement them into your life.
- III. Areas of Expertise:** Areas of expertise include individual, group and couples/family counseling and offered to children, adolescents and adults.
- IV. Fee Scale:** The fee for my services is \$100.00 for individual and \$120.00 for family therapy per 50 minute session. Payment is due at the time of service. Clients are seen by appointment only. Clients will be charged for appointments that are broken or cancelled without **24-hour** notice. Payment from some insurance companies is accepted. For a full list of accepted insurance, please contact me at the number listed above.
- V. Services Offered and Clients Served:** I use a cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand the clients' problems and develop solutions. I work with clients individually, in group, or as a couple or family. I do not work with children under the age of 6.
- VI. Code of Conduct:** I am required by state law to adhere to the Code of Conduct, which is determined by the Louisiana Licensing Board. A copy of this code is available upon request.
- VII. Confidentiality:** Confidentiality is imperative to the counseling relationship. Session content will remain confidential except in the cases of harm to self, harm to others, unreported child abuse, elder abuse, or if court ordered.
- VIII. Emergency Situations:** Clients may call me at 630-8350. If I am unavailable, clients may call the Cope Line at 1-800-749-2673.
- IX. Client Responsibilities:** You, the client, are responsible for changes in your life. You are responsible for keeping appointments and being prompt. You are responsible for giving me, the counselor accurate feedback during our relationship. You are responsible for coming to sessions drug and alcohol free and for refraining from physical violence as a means for expressing feelings. If you are in another professional mental health relationship, it is your responsibility to tell me. That professional in order for me to work with you must grant permission.
- X. Physical Health:** It is suggested that you have a complete physical if you have not had one in the past year. If you are taking medication, please let me know what you are taking, the dosage and the reason for the medication.

**XI. Potential Counseling Risks:** As a result of mental health counseling, you may realize that you have additional issues that may not have surfaced prior to the onset of the counseling relationship.

**XII. Client Certification Statement:** I have read and understand the above Declaration of Practice and Procedure.

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Client Signature

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Date

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Parent/Guardian or Spouse/Partner

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Date

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Counselor Signature

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Date