

Declaration of Practices and Procedures

Christine Belaire, Ph. D.
LPC¹ #2770, LMFT² #543
National Certified Counselor (NCC).

5536 Superior Dr., Ste B.
Baton Rouge, LA 70816
225-291-1335
225-291-1336 fax
DrBelaire@BelaireCounseling.com
www.BelaireCounseling.com

Education:

Ph. D, Mississippi State University, 2001, Major: Counselor Education, Community Counseling
MA, Louisiana State University, 1998, Major: Counselor Education, Agency Counseling

Areas of Expertise:

Marriage and Family, Depression/Anxiety, Play Therapy, Custody Evaluations, Parenting Disputes, Parenting Education, Women's issues, and Spirituality

¹Licensed Professional Counselor Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, LA 70809 (phone 225-765-2515).

²Licensed Professional Counselor Board of Examiners (licensing board for Marriage and Family Therapists), 8631 Summa Avenue, Suite A, Baton Rouge, LA 70809 (phone 225-765-2515).

1. **Counseling Relationship:** I view counseling as a collaborative relationship in which the client and counselor work together to explore the current problematic issues and develop goals to address these issues. Within the counseling relationship, I may focus on patterns of thoughts, behaviors, moods, and relationships that cause you concern.
2. **Fee Scales:**
 - The fee for “non-legal” counseling is \$125.00 per fifty-minute session. “Non-legal” counseling is defined as counseling that is not affiliated with the court system or an attorney in any form.
 - The fee for “legal” services is \$150.00 per fifty-minute session. “Legal” services include, but are not limited to, child custody evaluations, post-judgment monitoring, court mandated counseling, court-mandated parenting or anger management courses, and any other services requested by the court or an attorney.
 - If during the course of “non-legal” counseling you request that I submit a verbal or written report to an attorney or court, or if you request that I testify in court pertaining to your (or minor child's) case, the fee for services will be \$150.00 per fifty-minute session and will not be reduced back to the \$125.00 fee for any subsequent sessions.
 - Payment is due at the time of service.
 - Returned checks or denied charges are subject to a \$35 fee. _____ *Int.*

- A balance on an account that is more than 90 days old is subject to being reported to the credit bureau along with pertinent personal information and turned over to a collection agency.
 - Pre-payment discounts for multiple sessions are available. _____*Int.*
 - I am a provider for Blue Cross Blue Shield, Aetna, Benefit Management, and Humana Ochsner Health Plan. If you hold a policy that covers outpatient mental health benefits with any of these companies, I will file the insurance claim on your behalf. You are responsible for paying the co-pay and/or deductible according to your insurance plan. If a claim is rejected, you are responsible for paying the full fee.
 - If you want to file with another insurance company for out of network services, I will file the claim on your behalf. You are responsible for paying the percentage of the fee that the insurance does not cover. If a claim is rejected, you are responsible for paying the full fee.
 - If a deposition is requested, the fee is \$200.00 per hour with a minimum of four hours for court appearance and a minimum of two hours for a deposition. Payment in full is due at least one week prior to an appearance in court or deposition, and any payment exceeding the minimum is due at the deposition appearance.
 - If an appearance in court is requested, the fee is \$500.00 per ½-day. If the court appearance lasts into the second ½ of the day, the fee will increase to \$1000.00 to be paid by the end of that court day.
 - Charges apply for all emergency contact and phone sessions.
 - Any no show or cancellation with less than twenty-four hour notice will incur the full charge for the scheduled session. **NOTE:** insurance companies will not reimburse for missed sessions; therefore, you will incur the full responsibility for payment of missed sessions. _____*Int.*
 - Any reminder calls, texts, or emails are a courtesy and not a requirement of this office. Any no-show or cancellation with less than twenty-four hour notice is the sole responsibility of the client and will incur the full charge for the scheduled session. _____*Int.*
 - All payments are made directly to Belaire Counseling Services, LLC.
3. **Services Offered and Clients Served:** I approach counseling from an integrative approach based on the client's needs and the nature of the presenting issues. The approaches that I frequently use based on the most common presenting issues are cognitive behavioral, interpersonal, and family systems. I believe that change occurs through the development of a collaborative working relationship and through changing negative thoughts and behaviors that affect changes in mood. I work with clients in a variety of formats, including individually, as couples and as families, and groups. In addition, I conduct play therapy with children. I work with clients of all ages and backgrounds.
4. **Code of Conduct:** I am required by law to adhere to the Codes of Conduct for practice that have been adopted by the Licensed Professional Counseling Board and the Licensed Marriage and Family Therapist Board. Copies of the codes of conduct are available to you upon request.
5. **Privileged Communication:** I am required to abide by the professional practice standards for Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Louisiana law. Information revealed in counseling will remain strictly confidential except under the following circumstances in accordance with state law: (a) The client signs a written release of information indicating informed consent of such release, (b) the client expresses intent to harm him/herself or someone else, (c) there is a reasonable suspicion of abuse/neglect against a minor child, elderly person (65 or older), or a dependent adult, or (d) 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 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, all parties involved in counseling share the responsibilities as a client and enter into a joint counseling relationship. All contact with the counselor (inside or outside of the scheduled counseling session) is considered part of the therapeutic session. Therefore, all information and material obtained individually from an adult client becomes a permanent

component of the joint record. Any information in the joint record is the legal property of all parties involved and subsequently may be shared with the respective parties. Every effort will be made to protect an individual's confidentiality unless it is detrimental to treatment or meets the exceptions noted above. Any material obtained from a minor client may be shared with the client's parent or guardian at the counselor's discretion. In order for material in a joint record to be released to a third party, all adult members must sign a release of information form.

6. **Emergency Situations:** If an emergency situation should arise, you may seek help through hospital emergency room facilities. The emergency services number at Baton Rouge General Medical Center-Bluebonnet is 225-763-4400. If you have after hour critical needs that do not require the emergency room, leave a message on our primary office telephone number at 225-291-1335, and a staff member will respond as soon as possible.
7. **Client Responsibilities:** You 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 us so that we can make the necessary adjustments. You, as the client, are responsible for making all final decisions regarding your treatment. 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 for you or make a decision about which mental health professional may serve you best.
8. **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 currently taking. In addition, a medical referral may be suggested if a medical problem is suspected.
9. **Potential Counseling Risk:** You 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, please feel free to share these new concerns with me so that we can help you work through the issues.
10. I have read, understand, and agree to the information contained in the Declaration of Practices and Procedures for Belaire Counseling Services.

Client signature _____ Date _____

Client signature _____ Date _____

Counselor signature _____ Date _____

If the client is a minor, the parent or guardian must also sign.

I _____ (print parent's name) give permission for my child

_____ (print child's name) to receive counseling at Belaire Counseling

Services, LLC _____ (parent's signature).