

Declaration of Practices and Procedures

Christina W. Leslie, M.A., LPC, NCC
Theratique
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Qualifications: I earned a Master of Arts degree in Mental Health Counseling from Southern University in Baton Rouge in 2011. I am also licensed as a Licensed Professional Counselor (LPC) #5254 with the Louisiana Licensed Professional Counselor Board of Examiners, which is located at 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, LA 70816. I have been certified as a National Certified Counselor (NCC) #845848, which is located at 3 Terrace Way, Greensboro, NC 27403, 336-547-0607.

Counseling Relationship: I see counseling as a process in which you, the client, and I, the LPC, working on your issues pertaining to your thoughts, feelings, behaviors, and/or situations that you want to work on. This process will stay confidential as well as challenging to work through your problems but I, the LPC, will ensure that your goals will be met. I am here to assist you in working towards your goals to improve your life.

Areas of Focus: I have a general practice and will focus on working with mental health clients, who are dealing with such issues as relationship problems, mood disorders, family issues, career counseling, school-related issues and group work. In addition to being licensed as a LPC in Louisiana, I have a certification in School Counseling from the state of Louisiana (AN 519822). If I feel that I won't be able to assist you in any issues that you may have that I am not competent in, I will provide you with the best outside service so your needs will be taken care of by someone who knows more about your particular situation.

Fee Scales: The fee for services is paid directly to Theratique. The company is paid from the insurance company or patients can pay out of pocket for services. Psychotherapy groups, individual psychotherapy sessions, telehealth, and family session are conducted by appointments only Monday through Friday between the hours of 4:00pm-6:00pm and Saturdays between the hours of 9:00am-2:00pm. Appointments can be scheduled by phone, through Psychology Today website, or through www.theratique.com.

Explanation of the Types of Services Offered and Clients Served: I approach counseling using various forms of counseling techniques but the main one I use in my practice is from a person-centered position as well as a cognitive and behavioral standpoint. I work with both sexes, various ages, cultural backgrounds, individually and in group settings.

Code of Conduct: As a LPC, I am required by the state law to adhere to a Code of Conduct for my practice as a LPC which is determined by the National Board for Certified Counselors and Louisiana Licensing Board. A copy of the Code of Conduct is available to you upon request.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my supervisor/colleagues in order to best provide your wishes and under the following conditions 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 her/himself or someone else. 3) There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult. 4) A court order is received directing the disclosure of information. In the event of 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 conceivable.

Emergency Situations: In an emergency situation when an immediate response is necessary, you may seek help through hospital emergency room facilities or by calling 911.

Client Responsibilities: You, the client, are a part of this counseling session. In order for you to be successful in achieving your goals, you must be honest and want to make those necessary changes to help better your life and work through those issues that you are facing. It is important that you keep all scheduled appointments and come on time. All payments must be made after the session ends. There are processes that must occur if you either want to be referred to another mental health counselor or when it is time to terminate the counseling relationship. If during anytime during your counseling sessions you feel the need to give me suggestions, comments, concerns don't hesitate to let me know so we can make those needed adjustments. If there is any time during your sessions that you feel that I am not being competent in what you are in counseling for, I will assist you with referring you to someone who will be able to assist you. If you are seeing another mental health professional, please inform me so that with your permission I may contact the other professional and develop a collaborative professional relationship to better assist you in achieving your goals.

Physical Health: Before actual sessions can begin, the client must undergo a complete physical examination if you have not had one within the past year. Also you, the client, must list any medications that you are currently taking.

Potential Counseling Risk: As a result of mental health counseling, you may realize that you may have additional issues which may also indicate possible risk within specific specialty areas. Feel the need to bring up other issues that you may be going through that may not be on our initial agenda.

Digital Communication and Technology Agreement: Digital Communication and Technology Agreement: As per the certification requirement of the LPC Board, I have taken the continuing education necessary to utilize telemental health services in my practice. At the beginning of each session, we will assess for safety, security, and comfort in your environment. Online sessions will be conducted through

Doxy.me or VPCare360; each of these platforms are HIPAA compliant and I have signed the required Business Associate Agreement (BAA) with each company.

Please initial here if you agree to the digital communication policy stated above: _____

****If you have any questions about what you have read in anything that you have read above feel free to ask me so I can clarify it for you. I will make a copy of the first three pages for you to keep and I will keep the original copies in your file at the office. Please sign below to state that you have read and understand the above information.*

Acknowledgement of reading the Declaration of Practices and Procedures

I have read and understand the Declaration of Practices and Procedures of Christina W. Leslie, M.A., LPC, NCC and my signature below indicates my full informed consent to services provided by Christina W. Leslie, M.A., LPC, NCC

Client signature _____ Date _____

First and last name _____

Email address _____

LPC signature Christina Leslie, LPC, NCC Date _____

Parent/Guardian Consent for Treatment of a Minor:

I, (name) _____, give my permission for Christina W. Leslie, M.A., LPC, NCC to conduct counseling with my (relationship) _____, (name of minor)_____.

Signature of Parent or Legal Guardian _____ Date _____