Declaration of Practices and Procedures

Julie Kringas, LPC-S

juliekringaslpcs@gmail.com (504) 450-7321

Street, Mandeville LA 70448

823 Wilkinson

Qualifications: I earned a MA degree from Our Lady of Holy Cross College in 1992. I also earned a BS in Social Counseling from Holy Cross College and a BA in Sociology from Loyola University. I am a registered Counselor # 2148. I am also a LA LPC Board of Examiners approved supervisor.

Counseling Relationship: I see counseling as a process in which you, the client, and I, the counselor, work as a team to explore and define the presenting problematic symptoms in your life, and develop future goals for improvement of these symptoms. We will work in a systemic fashion towards realizing these goals. As a court appointed evaluator or as an assigned mental health expert, I will work with you to assist the courts in determining the best interests of your child.

Areas of Expertise: I focus on family assessment and treatment in counseling. In evaluations, I do not provide treatment, only assessment. I also provide tele-counseling, which can be billed directly to your insurance company. Fee Scales: The fee for counseling services is \$115 per 50 minute counseling session or supervised visitation. Additional fees for travel or reports will be billed at my hourly rate. For EAP or Managed Care Insurance cases, I will bill your insurance company or EAP directly and you will be responsible for the deductible and co-pay if these apply. The fee for LA LPC Board approved supervision will be \$115 per 50 minutes. The fee for custody evaluation or court evaluations is \$2,600, to be divided by the parties. If there is only one party being assessed, the fee will be \$1,300. Court testimony will be billed at \$450 per hour with a 3 hour non-reimbursed fee at least 24 hours in advance of the court date. Travel time will not be billed unless it involves traveling outside of Louisiana. Fees will be due at the time of service, with the exception of court testimony fees, which requires payment 48 hours in advance. Clients will be charged for appointments that are broken or cancelled without 24 hours notice. Credit card payments are not accepted.

Services Offered and Clients Served: I approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions are explored in order to better understand issues and develop solutions. I use a strength based model for working with clients. I work with clients in a variety of formats including individually, as a family system, and in custody evaluation or assessment. I see clients of all ages and backgrounds but I do not work individually with children under six years of age, but rather work with them in the context of family therapy or family assessment. My preference clinically is to always work with the entire family.

Code of Conduct: As an LPC-S, I am required by the law to adhere to the Code of Conduct for practice that has been adopted by my licensing board. A copy of the Code of Conduct can be made available to you upon request. It can also be downloaded from the LA LPC Board of Examiners website.

Privileged Communications: Material revealed in counseling sessions will remain strictly confidential except for material shared with the courts in the case of custody evaluations, court evaluation (as per court in these instances) and clients mandated to complete services by the courts or Department of Human Services. Confidentiality is limited under the law in

the following circumstances: 1) the client signs a written release of information indicated 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 elderly person (60 or older), or a dependent adult, or 4) a court order is received directing 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 inform clients of all mandated disclosures as conceivable. If you are under a court order to receive services, or you are specifically hiring me to produce a report as a part of an evaluation for the courts, it is implied that you consent to sharing any information obtained with the courts or your attorney (if I am hired as an expert), unless otherwise specified in writing by you.

Emergency Situations: If an emergency situation arises during counseling or an evaluation, you may seek help through hospital emergency facilities or by calling 911. If an event occurs in a custody situation that violates a court order, please contact your attorney or the courts directly, and the proper authorities as necessary. If a crisis occurs with a client while you are in supervision, please contact the proper authorities by calling 911 and then call your supervisor.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort are essential to success. You are responsible for making suggestions or sharing concerns about your counseling so that we can make necessary adjustments. You are responsible for informing me if you are receiving counseling from another mental health provider so that I can coordinate services with this professional. If at some point, you would be better served by another mental health provider, I will help you with this referral process.

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 past year, it is recommended that you do so. It is also recommended that you specify in your intake sessions what medications you are taking.

Potential Counseling Risks: 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. These may cause strong emotions to emerge. If this occurs, you should feel free to share these new concerns with me.

I have read the above information and understand its content:

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client

Signed by Elizabeth Abboud February 18, 2022 at 6:40 am

Hizabeth Abboud

IP address: 71.8.96.211