

### **Declaration of Practices and Procedures**

Stephanie Condit, M.A., LPC, NCC, ATR  
LPC # 8450, NCC # 1726026, ATR # 21-028  
NOLA Art Therapy and Counseling, LLC  
1000 Veterans Memorial Boulevard Suite 310  
Metairie, LA 70005  
Phone: (504) 220-1483  
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Qualifications: I earned a Master of Arts degree in Counseling and Art Therapy from Southwestern College in 2020. I am licensed as an LPC # 8450 with the LPC Board of Examiners located at 11410 Lake Sherwood Ave N, Baton Rouge, LA 70816. I am a Registered Art Therapist # 21-028 with the Art Therapy Credentials Board, which is located at 7 Terrace Way, Greensboro, NC 27403 (Phone: 336.482.2858).

Counseling Relationship: I see counseling as a process in which you the client, and I, the LPC come to understand and trust one another, work as a team to explore and define the present problem situations, develop future goals for an improved life and work in a systemic fashion toward realizing and accomplishing those goals.

Although our work may feel emotionally close, it is essential for you to realize that our relationship is a professional rather than personal one. I believe that you will be best served if our relationship remains focused on your concerns; therefore, our time together will be limited to the counseling services provided each week.

Area of Focus: My focus at NOLA Art Therapy and Counseling is to provide counseling services for individuals with developmental, emotional, and/or behavioral disorders and their families. In addition to being licensed as a LPC in Louisiana, I hold a national registration as an Art Therapist #21-028 and a national certification as a National Certified Counselor (NCC #1726026).

Fees and Office Procedure: I accept insurance plans and self-paying clients. All co-pays and service fees must be paid in full at the time of service. The payment can be made using cash, check, debit or credit cards (Visa, MasterCard, American Express, and Discover). The fee for counseling services will be discussed upon initial contact. Failure to give notice for any appointment not cancelled 24 hours in advance may result in a charge for the time reserved for you.

Services Offered and Clients Served: I approach counseling from an eclectic perspective to create a custom approach to therapy for each client. I work with each individual client to create a personalized treatment plan that will utilize different therapeutic methods to address the client's problems and needs. Some of the most common theories I use are cognitive behavioral, solution focused brief therapy and humanistic. I incorporate Art Therapy into the mental health services to provide a different layer of psychoanalysis and enhance the therapeutic process. My counseling services are offered on an individual basis, couple, family and group.

Code of Conduct: As an LPC, I am required by law to adhere to the Code of Conduct for practice as a LPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. As a Provisional Art Therapist, I also adhere to the Code of Conduct for practice that has been adopted by the Art Therapy Credentialing Board. I also hold a national certification as a National Certified Counselor (NCC) through the National Board for Certified Counselors, Inc. (NBCC). My national certification requires that I promote professional accountability and ensure that consumers' rights are protected through the NBCC Code of Ethics. A copy of the Code of Conducts is available to you upon request.

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 themselves or someone else.
3. There is reasonable suspicion of abuse or neglect against a minor child, elderly person (60 or older), or dependent adult.
4. A court order is received directing the disclosure of information.

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

Privilege 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 the event the client requires emergency mental health care between counseling sessions, he or she is advised to call 911 or report to the emergency room of a local hospital. For individuals in crisis in Jefferson Parish, please call Jefferson Parish Human Services Authority at (504) 832-5123. For individuals in Orleans, Plaquemines, and St. Bernard Parishes, please call the Metropolitan Crisis Response Team at (504) 826-2675.

Client Responsibilities: Honesty and effort are essential components to a successful therapeutic relationship; therefore, you, the client, are a full partner within the counseling/art therapy process. Clients are expected to follow NOLA Art Therapy and Counseling's policy for keeping appointments. For me to make any necessary adjustments toward your counseling experience, I ask you to indicate any suggestions or concerns. If at any time you feel that you would be better served by another mental health professional, 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.

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. Also, please provide me with a list of any medications that you are currently taking.

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. Sometimes you may experience unwanted feelings such as sadness, anger, fear, guilt, and/or anxiety through the therapeutic process. If this occurs, please feel free to share the new concerns with me.

## **ACKNOWLEDGMENT OF READING THE DECLARATION OF PRACTICES AND PROCEDURES**

I have read the Declaration of Practices and Procedures of Stephanie Condit, M.A., LPC, NCC, ATR and my signature indicates my full informed consent to services provided by Stephanie Condit, M.A., LPC, NCC, ATR.

I am also aware of the counseling relationship, responsibilities, and my rights of confidentiality. I realize there is a benefit and risk involved in counseling. I have a copy of the phone numbers I may call in the event of an emergency.

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Printed Date

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Signature Date

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Stephanie Condit M.A., LPC, NCC, ATR Date

Parent/Guardian Consent for Treatment of a Minor:

I, \_\_\_\_\_ (name of parent or legal guardian), give my permission for Stephanie Condit, M.A., LPC, NCC, ATR to conduct therapy with my \_\_\_\_\_ (Relationship),  
\_\_\_\_\_ (Name of Minor).

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Signature of Parent or Legal Guardian Date