

## **LPC**

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

Renee Aymami, M.Ed., LPC, NCC  
NOLA Art Therapy and Counseling, LLC  
1000 Veterans Memorial Boulevard Suite 310  
Metairie, LA 70005  
Phone: (504) 220-1483  
Fax: (888) 248-7189

Qualifications: I earned a Masters of Education degree in Mental Health Counseling from the University of New Orleans in 2012. I am licensed as a LPC # 5584 with Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave North, Suite A, Baton Rouge, LA, and (225)295-8444.

Counseling Relationship: Counseling is the process by which the client and counselor enters into a partnership and agreement having to come to an understanding and trust of one another, work in a collaborative effort to identify and define the issue that is in conflict of operation of the everyday norm and develop a qualitative concept for future goals to function in a systemic fashion in society.

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.

Areas 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 an LPC in Louisiana, I hold a national certification as a National Certified Counselor (NCC# 311120).

Fees and Office Procedures: 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 solution-focused brief therapy (SFBT), whereas the conversation is directed toward developing and achieving the client's vision of solutions. I also work with each individual client to create a treatment plan that will utilize different techniques from various therapeutic methods to address the client's problems and needs. Some of the most common theories I use are cognitive behavioral, motivational interviewing, and reality therapy. Both play and art therapy are incorporated in the mental health services to enhance the therapeutic process. My counseling services are offered on an individual basis, couple, family, and group.

I work with clients of all backgrounds with the exception that I do not work individually with children under the age of three years old. In addition to individual, parent, and family counseling services, I provide individual skills training, and other community support services such as coordinating care with family and involved professionals and crisis prevention services.

Code of Conduct: As a LPC, I am required by state law to adhere to the Code of Conduct for practice that has been adopted by my licensing Board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available upon request.

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 this Code of Ethics is also available to you upon request.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared with my supervisors and 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 him/herself or someone else.
- 3) There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent adult.
- 4) A court order is received directing the disclosure of the information.

Privileged Communication: It is my policy to assert privileged communication on behalf of clients and the right to consult with the client before mandated disclosure.

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. In order 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 provider, I expect you to inform me and grant me permission to share information with this professional so that we may coordinate care to best serve you in every way possible.

Physical Health: Physical health is certainly a significant factor in the emotional well-being of an individual. I ask that you please inform me of any medical conditions or changes that might affect the counseling process. If you have not had a physical examination in the last year, it is recommended that you do so. Also, please provide me with the name of your physician as well as a list of any medications/supplements that you are currently taking.

Potential Counseling Risk: You should be aware that counseling poses potential risks. During the course of working together, additional challenges may surface of which you were not initially aware. At times, you may experience unwanted feelings such as sadness, anger, fear, guilt, shame, and anxiety. If this occurs, please feel free to share any concerns with me, as such negative reactions are also part of the healing counseling process.

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

I have read the Declaration of Practices and Procedures of Renee Aymami, M.Ed., LPC, NCC and my signature below indicates my full informed consent to services provided by Renee Aymami, M.Ed., LPC, NCC.

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.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Renee Aymami, M.Ed., LPC, NCC \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Consent for Treatment of a Minor**

I, \_\_\_\_\_ (Name of parent or legal guardian), give my permission for Renee Aymami, M.Ed., LPC, NCC to conduct therapy with my  
\_\_\_\_\_, (relationship)

\_\_\_\_\_ (Name of Minor).

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Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_