

DECLARATION STATEMENT OF POLICIES AND PROCEDURES

**DAVID A. HOLLAND, M.Ed., LPC**

3349 Ridgelake Dr., Suite 206

Metairie, LA. 70002

504-834-1487

**Qualifications:** I earned a Master's degree in Human Services Counseling from the University of New Orleans in 1996. I am a Licensed Professional Counselor (#3041) through the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Suite A, Baton Rouge, Louisiana 70809. Telephone (225) 765-2525.

**Counseling Relationship:** In counseling, I will assist you in accomplishing the goals you set for yourself in an atmosphere characterized by mutual respect, cooperation, and understanding. My role is to facilitate increased self-awareness, improved social relationships, a reduction of stress, and the development of personal coping skills.

**Areas of Focus:** My area of focus is in mental health counseling. Specific problems that I work with include depression, anxiety, grief and loss, marriage therapy, addictions, and stress.

**Fees and Office Procedures:** The fee for services is \$120.00 per 50-minute session. Payment is due at the time of service. Appointments are typically set at the close of each session. I have afternoon and evening appointments available Monday through Friday. Clients can reach me for availability from 9am to 6pm at 504-834-1487.

Clients will be charged for appointments that are broken or canceled without 24-hour notice. If appointments are habitually missed, the counseling relationship may be terminated at the counselor's discretion.

**Services Offered and Clients Served:** I offer both short and long term counseling for individuals, couples, and groups. I see clients of all ages and backgrounds with the exception that I do not work with anyone under the age of 18.

**Code of Conduct:** As a Licensed Professional Counselor, I am required by law to adhere to the Code of Conduct that is determined by my licensing board. A copy is available upon request.

**Privileged Communication:** Material revealed in counseling will remain strictly confidential except for the following circumstances in accordance with state law: 1) The client signs a written release of information indicating consent of such release, 2) the client expresses intent to harm him/herself or someone else, 3) there is a reasonable suspicion of abuse/neglect against a minor child, elderly person(60 or older), a dependent adult, or 4) a subpoena or other 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 at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise my client of all mandated disclosures as conceivable. In marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members only with the client's permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

**Litigation:** It is not my practice to become involved in litigation. I am not a custody evaluator. However, if I am subpoenaed or must appear in court, my fees are \$400.00/hour including travel time. If an attorney wants a deposition, the fee is \$300.00/hour. Preparation time is billed at \$200.00/hour. Insurance cannot be billed for these services.

**Emergency Situations:** If an emergency situation should arise, you may seek help through hospital emergency room facilities, call 911 or you may seek help through a crisis help line. The Copeline (504)749-2673 is a 24-hour crisis intervention, information, and referral service that can provide assistance and referrals for emergency situations.

**Client Responsibilities:** You, the client, are a full partner in counseling. Your honesty and effort is essential to success. Your responsibilities in the counseling relationship include the following. First, you are expected to attend and participate in scheduled appointments. Second, you are required to pay for the services at each session. Third, you are responsible for making the changes agreed upon in the sessions. And finally, you must inform me if you are seeing another mental health professional. If you wish to continue to work with the other therapist while seeing me, you must grant me permission, in writing, to share information with him or her so that we can coordinate our services to you.

**Physical Health:** Since your physical health can have an effect on your emotional well-being, it is strongly suggested that you have a complete physical examination if you have not had one in the past year. Please provide me with a list of all medications you are currently taking and advise me of any physical problems or conditions that you may be experiencing.

**Potential Client Risks:** As a result of mental health counseling, you may realize that you have additional issues that may not have surfaced before the onset of counseling. As you change, you may experience conflicts in your relationships due to additional stresses. Should this occur, it is your responsibility to bring it to my attention during a counseling session so that these issues may be dealt with in a timely and healthy way.

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

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Client Signature

Date

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David A. Holland, M.Ed., LPC

Date

