

marielle babb
LICENSED PROFESSIONAL COUNSELOR



Declaration of Practices and Procedures

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General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing at the end of this document.

Qualifications

I received a Master of Science degree in Counselor Education from the University of Louisiana at Lafayette in 2011. I received an Honors Bachelor of Science degree in Psychology from the University of Louisiana at Lafayette in 2007. I am a Licensed Professional Counselor (#5230) with the LPC Board of Examiners located at 8631 Summa Avenue, Baton Rouge, LA, 70809; their phone number is (225) 765-2515.

Code of Conduct

As a Licensed Professional Counselor, I am required by law to adhere to the Code of Conduct for practice that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. In addition, as a member of the American Counseling Association and Louisiana Counseling Association, I must also adhere to these Codes of Conduct. A copy of these codes may be made available to you upon request.

Counseling Relationship

I believe that our relationship should involve mutual trust, compassion, and understanding. Where possible, we will collaboratively set goals and choose interventions together to achieve those goals. I approach the counseling relationship from an authentic, client-centered approach.

Areas of Focus

My areas of focus include helping individuals age 14 and older with anxiety, obsessions and compulsions, panic, trauma, phobias, assertiveness, perfectionism, people-pleasing, relationship-related stress and conflict resolution, emotional avoidance, co-dependency, boundaries, and self-esteem issues. Additionally, I am a certified teletherapy provider.

Services Offered and Clients Served

My counseling approach involves a cognitive-behavioral perspective and also incorporates dialectical behavioral skills. I am trained in Eye Movement Desensitization and Reprocessing (EMDR), as well as other various trauma reprocessing treatments.

Fees

Initial session fees are \$180 and follow-up sessions are \$160. Additional fees may apply if the session exceeds the reserved time. More detailed fee information may be found on the Fees Consent document.

Attendance

Deciding to cancel your appointment the day of will result in responsibility for the full session fee. Cancelling your appointment the day before will be subject to a \$50 fee. Leaving a voicemail or messaging me via the secure client portal are both acceptable ways of cancelling an appointment, including outside of normal business hours. If you are late for a session, you will lose some of the session time.

Availability

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call as soon as possible during business hours. Appointments are typically set at the close of each session. They may also be scheduled via your secure client portal. I am available during the following days and times:

Mondays and Wednesdays from 10:00 - 4:00 pm

Tuesdays and Thursdays from 8:00 - 4:00 pm

If an emergency situation arises, please call 911 or any local emergency room.

Confidentiality and Privileged Communication

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content

released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If I have reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena. However, it is my policy to declare privileged communication on behalf of the client and the right to consult with the client if possible, except during an emergency, before mandated disclosure.
7. Third-party payers or parties may receive your confidential information only when you have authorized such disclosure. An example of such authorization would be if you choose to pay with a credit card, your credit card statement could contain my business name associated with the charge. If choosing to pay with a check, your name and my business name are associated, and thus disclosed to a third party (your bank and my bank), to process payment. Another example would be if you use your health insurance to help pay for sessions. Your insurance company may request information such as your diagnosis, treatment plan, treatment progress, dates and frequency of treatment, and treatment goals. It is my policy in these situations to release only the minimally necessary information so that your treatment may be covered.
8. Occasionally, I may need to consult with other mental health professionals in their areas of expertise in order to provide the best treatment for you. Information about presenting symptoms and treatment approach may be shared in this context *without* using your name or any other potentially identifying information.
9. Any material or information obtained from a minor client may be shared with the client's parent or guardian. However, while counseling minors, it is important that the client, your child, is allowed the opportunity to share their concerns in a permissive and confidential environment to facilitate their positive progress.

Confidentiality In Public

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I

will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Small talk in the hallways and waiting room should contain no therapeutic content, as I am prevented from responding therapeutically outside of my office.

Therapeutic Record and Client Portal

Your confidential therapeutic record is stored electronically with Simple Practice, a secure and HIPAA compliant Electronic Health Records provider. This platform stores your data with bank-level data encryption and is compliant with current legal and ethical privacy and security requirements. Your secure client portal is also with this same platform. You may schedule appointments, manage payments, access any requested billing documents, and utilize secure messaging.

Social Media & Online

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking platforms. I believe that adding clients as friends or contacts on these platforms can compromise your confidentiality and our respective privacy. If you have questions about this, please bring them up when we meet and we can talk more about it. I will not conduct an online search about you without your knowledge. I will consider it a boundary violation if you conduct an online search about me without my prior knowledge and this will be addressed on a case by case basis in session.

Text or E-mail Communication and Confidentiality

I cannot ensure confidentiality through these forms of electronic media. I do not communicate with clients via text or e-mail. You may reach me by calling (337) 381-2019, or via your secure client portal messaging feature.

Voicemail and Confidentiality

I use a RingRx, a HIPAA compliant telephone provider, which means that the voice messages you leave for me at 337-381-2019 are confidential. However, when you give me permission to leave a voicemail on your number, this is a potential risk to your privacy and confidentiality unless you also use a HIPAA compliant phone provider. For this reason, it is my policy to leave very brief voicemails containing minimal content (such as to offer or confirm an appointment) or to leave my name and phone number so you can return my call.

Telehealth

Effective therapy is best conducted in-person. However, it may not always be practical for all communication to occur this way. It is my policy to limit the amount of therapeutic discussion over the phone or via secure messaging in your client portal

because much of the therapeutic benefit is derived from face to face connection. Much can be lost in our inability to observe each other's facial expressions and tone. There are circumstances where video or phone sessions may be agreed upon. Should this become the case, an additional policy document will be discussed and reviewed together to ensure appropriateness, access, proficiency in utilizing technology, policies and procedures for use (including emergency procedures), and that you understand the risks and benefits.

Emergency Situations

If an emergency should arise when I am not available, you may seek help by calling 911, and by contacting any of these crisis hotlines:

232-HELP: Resource directory for agencies and organizations in Louisiana

1-800-621-4000: Runaways National Hotline

1-800-273-8255: National Suicide Prevention Hotline

1-800-348-5437: Parents Anonymous

337-233-7273: Hearts of Hope - Local Sexual Abuse Response Center Crisis Hotline

1-888-411-1333: Faith House – Local Domestic Abuse Shelter Crisis Line

Physical Health

Physical health can be an important factor in the complete care and 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 inform me of any medications that you are now taking or will begin taking.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists. You may also choose someone on your own or from another referral source.

I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment (4 weeks past due).

Should you decide to take a break from therapy or fully self-terminate by either lack of contact or failure to attend scheduled appointments, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional

relationship discontinued unless you notify me otherwise. In these situations, your chart will be closed and should you wish to resume counseling with me at a later date, I may not be able to immediately accommodate you into my schedule.

Client Responsibilities

Your participation and cooperation are essential to your therapeutic success. If you have suggestions or concerns about the counseling process, I encourage you to share these with me so that we can make the necessary adjustments. If you believe that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I ask that you inform me of this and grant me permission to share information with this professional so that we may coordinate our services in the best way possible for you.

The Therapeutic Process and Potential Counseling Risk

The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable emotional, mental, and or physical discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and to help you clarify what it is that you want for yourself.