

Declaration of Practices and Procedures

Jose` M Calles III
Claiborne Parish School Board
415 West Main st
Homer, LA 71040
318-927-3502

Qualifications: I earned a Master of Arts Degree in Counseling and Guidance, with a concentration in Clinical Mental Health Counseling, from Louisiana Technical University in 2017. I am Licensed as a Licensed Professional Counselor (LPC)# 7009 with the Louisiana LPC Board of Examiners, 11410 Lake Sherwood Ave. North Suite A, Baton Rouge, La 70816, 225 295 844.

Counseling Relationship: I believe that the foundation of counseling is the caring relationship established between the Counselor and the Client(s), The Counselor is responsible for providing a safe and accepting environment in which the client can disclose the issue(s) to be addressed, gain insights into the issue(s), and practice learned skills to more effectively deal with the therapeutic issue(s). The goal of the counseling relationship is to help the client(s) manage and/or change his/her presenting problems in the best way possible.

Areas of Focus: I focus on working with clients from adolescents to adults with psychiatric diagnoses, behavioral issues, trauma and PTSD, and other mental health issues. However, I also work with families. I am trained in Eye Movement Desensitization and Reprocessing(EMDR), and Functional Family Therapy(FFT).

Fee Scales and Office Procedures: Fees will not be charged as therapist is paid through grants and school budget. Clients are seen as they are scheduled and as referrals are received. In crisis clients will be seen by availability of clinician. Referrals are done via staff, administration, parents, and self referrals.

Types of Services Offered and Clients Served: I utilize a cognitive-behavioral approach in both individual and group therapy sessions with adolescents. This focuses on the patterns of thoughts and actions, which are explored to better understand the client's presenting issues and develop solutions. I also use EMDR therapy to address PTSD, trauma, impulsivity, and addiction. I have also received training to provide Teletherapy services, which includes using interactive technology-assisted media to facilitate prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, and relational concerns.

Code of Conduct: As a 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. A copy of the Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as a LPC, you may contact the Louisiana LPC Board of Examiners.

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 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 information.

In the even of marriage or family counseling, material obtained from an adult client individually maybe shared with the client's spouse or other family members with the client's written permission. Any material obtained from a minor client maybe shared with the client's parent or guardian.

Privileged 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: When the receptionist is unavailable to answer calls after normal office hours, you may leave a message on the answering machine and I will return your call as soon as possible. In an emergency situation when an immediate response is necessary, you may seek help through hospital emergency facilities or by calling 911.

Client Responsibilities: You, the client are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If I determine 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 expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

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: The client should be aware that counseling poses potential risk. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs you should feel free to share these concerns with me.

I have read the Declaration of Practices and Procedures of Jose Calles III, M.A. LPC and my signature below indicates my full informed consent to services provided by Jose Calles III, M.A. LPC.

Parent/Guardian Consent for Treatment of a Minor.

I, _____, give my permission for Jose Calles, M.A. LPC, to conduct therapy with

_____.

Client/ Guardian Signature/ Date
