Hilary Shaw MS MA LDN LPC NCC
Licensed Professional Counselor
Registered Dietitian

Declaration of Practices and Procedures

I am pleased that we will be working together and am committed to helping you reach your goals in counseling. This statement is designed to inform you of my background and to insure that you understand our professional relationship. After reading this document, please sign and date the signature page.

1. Counseling Relationship: It is my desire to provide a warm and trusting environment where you feel free to examine patterns of behavior, thoughts, or emotions that are causing you concern. I see the counseling relationship as one that must be based on mutual trust, respect, and honesty. Goals are established through collaboration with you, the client. I will help you think through possibilities and consequences of decisions, but my role is not to make decisions for you. Assignments may be given to continue the therapeutic process between sessions. It is my hope that you will complete the assignments and view them as a vital part of your therapy.

My approach to counseling is integrative which means I use a variety of theoretical approaches in an attempt to match the client, the issue and the counseling method to achieve client goals. Intervention strategies are utilized which help to modify patterns of thought and actions to promote mental health, wellness, and personal growth.

Your first session involves information gathering and becoming acquainted. I will obtain historical information and review the events that brought you in to see me. Feel free to ask any questions you may have. The nature of your need will be discussed and recommendations made concerning future appointments or outside referrals if I am unable to provide the service appropriate for you.

2. Qualifications: I hold a Master of Arts degree in Community Counseling from Louisiana State University. I am a Licensed Professional Counselor (LPC) # 4203 registered with the Licensed Professional Counselors Board of Examiners, 11410 Lake Sherwood Ave North, Suite A; Baton Rouge, Louisiana 70816, (225) 295-8444 and a National Certified Counselor (NCC) granted by the National Board of Certified Counselors, 5999 Stevenson Avenue, Alexandria, Virginia 22304.

3. Areas of Expertise: I have a general counseling practice with specialization in the treatment of eating disorders, women's issues, trauma recovery, adjustment to major life transitions, anxiety, depression, grief and loss, relationship issues, and health and wellness. I also have a M.S. degree in nutrition from Louisiana State University and a B.S.E.D. degree in Exercise Physiology from the University of Georgia. I am a licensed dietitian/nutritionist (LDN) #1340 with the Louisiana Board of Examiners in Dietetics and Nutrition, 11930 Perkins Rd., Suite B, Baton Rouge, LA 70809, (225) 763-5490 and a registered dietitian (RD) with the Commission on Dietetic Registration, 120 South Riverside Plaza, Suite 2000, Chicago, Il 60606.

4. Session Fees: Fees are $125.00 for the initial session and $100.00 per 50-minute session. Payment can be made by check or cash and is due at the time of service. Fees are payable to Hilary Shaw, LPC, RD.
Cancellation: If you are unable to keep an appointment, I must be notified at least 48 hours in advance or a fee of $80 will be assessed for the first cancellation, then

the full fee will be assessed thereafter.
5. Services Offered and Clients Served: I work with individuals, couples, families, and groups providing services to adults and adolescents.

6. Code of conduct: As a Licensed Professional Counselor, I am required by state law to adhere to codes of conduct for practice that have been adopted by my licensing boards. Copies of these codes of conduct are available upon request.

7. Privileged Communications: Information shared by you in the counseling relationship is confidential. I do not disclose client confidences and information to any third party except 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 a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 years or older), or a dependent adult, or 4) A 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 clients of all mandated disclosures as conceivable.

8. Emergency Situations: **In life-threatening emergencies call 911 or go to the nearest hospital emergency room. If you need assistance before I am able to return your call, you may call the Crisis Intervention Center ("The Phone") at (225) 924-1431, seek assistance through the nearest hospital emergency room, or if you are under the care of a psychiatrist, contact his/her office.**

9. Client Responsibilities: You are responsible for keeping appointments, paying your bill, and following office procedures. In order to receive the most benefit from the counseling relationship it is essential that you are honest and put forth effort in the counseling process. If you have any concerns about the goals and process, it is your responsibility to discuss this with me so that any necessary adjustments can be made. 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 services. If it develops that you would be better served by another mental health provider, I will help you with the referral process.

10. Physical Health: There is a strong connection between physical and emotional health. As a part of the initial evaluation you will be asked to give the name of your primary care physician, describe your medical history and list all medications you are currently taking. It is recommended that you have a physical examination if you have not had one in the last year.

11. Potential Counseling Risk: Your participation in outpatient therapy is strictly voluntary and can pose some risk to you. Therapy can involve a wide range of emotions, which may be experienced as both positive and negative. In addition, because of the growth process, you could experience changes in relationships with others that may be a source of strain or difficulty. During the course of treatment, additional problems may surface that you were not aware. If this occurs, please discuss any new concerns with me.

ADULT CLIENT

PRACTICES AND PROCEDURES
HILARY SHAW, MS MA RD LPC NCC
SIGNATURE PAGE

(Counselor's Copy)

I have read and understand the Practices and Procedures for the counseling agreement as described above. I have asked my questions and have received answers to those questions. I am aware of the counseling relationship and responsibilities, and my rights of confidentiality. I realize that there is benefit and risk involved in counseling. I accept the stated fees. I have a copy of the phone numbers I may call in the event of an emergency.

Client Signature _____ Date _____

Counselor Signature _____ Date _____

CONSENT FOR A MINOR

I, (parent or legal guardian) _____ give permission for

Hilary Shaw to conduct counseling with my _____ (relationship),

_____ (name of minor).

_____ Date____ _____ Signature
Parent / Guardian