

Please submit a Declaration of Practice which includes the following:

Declaration of Practice

MS P-LPC

Name:

P-LPC Number:

Name of Practice Setting:

Address of Practice Setting:

Phone Number of Practice Setting:

Qualifications:

- Degree earned / university earned from
- Field of study
- Note you are a P-LPC
- Statement of supervision as a requirement for P-LPC, who is providing the supervision, their qualifications
- Contact information of supervisor
- Statement of supervision *and who is providing on-site supervision* if LPC-S is off-site and at a “non-governed by agency”
- Add copy of the license verification of the non-LPC supervisor

Counseling Relationship:

- Describe your views of counseling and the counseling process. Include the purpose and goals of counseling from your perspective
- Describe the relationship between the counselor and client
- Describe your theoretical orientation and the techniques used in your practice

Areas of Focus / Services Offered / Clients Served:

- Provide areas of expertise, experienced gained, or the areas you are expecting to gain experience (marriage and family issues, children, depression, adjustment, A&D, etc.)
- Clientele in which you work with *in your current setting*
- Format of counseling provided (individual, group, family, marriage)

NOTE: If you list an area of Expertise, specialty area for which you have received training, or specific certifications, you will need to provide proof of the training (certificate) with the Declaration of Practice Statement.

Fees and Office Procedures:

- Fee for services
- Whether Insurance *is* accepted/not accepted and information regarding Co-pays
- *Payment due and forms of payment accepted*
- How appointments are made
- Days and times appointments are available (when you will be working)
- Cancellation policy and/or *penalty for cancellations*

Code of Conduct:

- All Code of Ethics and Rules that you must abide by
- How to access Codes of Ethics and MS Rules and Regulations for counselors
- How to file a complaint *with LPC Board*

Confidentiality:

- Confidentiality statement
- Exceptions to confidentiality
- Privileged Communication statement
- Marriage and family confidentiality expectations (if working with this clientele)
- Confidentiality expectations for minors (if working with this clientele)

Emergency Situations:

- Who to contact in an emergency and contact information

Client Responsibilities:

- Your expectations from the client

Potential Counseling Risks:

- *Describe* potential risks experienced by the client during the counseling process

Video Taping / Audio Taping / Other Forms of Supervision:

- State whether sessions will be recorded, and if so, the methods of recording
- Purpose of the recordings (supervision)
- Who will see
- How they will be secured
- When / how destroyed

Telehealth Counseling/Distance Professional Services:

- *State whether sessions will be provided by Telemental Health/Distance Professional Services*
- *Qualifications for providing these services*
- *Note limits of this service*
- *Emergency situations*

I have read the Declaration of Practice Statement of _____(your name and credential). My signature below indicates my full knowledge, understanding, and informed consent to services provided by _____(your name). I am aware that _____(your name) will be under supervision with _____(supervisor’s name), who is qualified to serve as his/her supervisor and that _____(your name) will share information with _____(supervisor’s name) for the sole purpose of supervision toward full licensure and this information may not be used for any other purpose. I am also aware that my sessions with _____(your name) may be recorded for the purposes of supervision.

Client Signature **Date**

Your name and credentials **Date**

(PLPCs seeing minor clients must provide a parental authorization section. See example below.)

For Parent / Guardian Consent for Treatment of a Minor:

I _____, give my permission for _____
(your name and credential) to conduct therapy with my _____(relationship),
_____(name of minor).

Signature of Parent or Legal Guardian **Date**